

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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THE NEWSWEEKLY FOR PHARMACY

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COMMENT

Pay settlements for community pharmacy contractors are notorious for being much delayed and pretty disappointing when they actually happen. This year looks like being no exception: the surprise is that there has been so little angst from contractors about something that is so fundamental to their business health. There has been little obvious effort by the various negotiating bodies to expedite matters, even though devolution should mean that no one has to wait on London in the way they did before. Perhaps PSNC *et al* have been able to do little apart from firefight other issues that have arisen during the year - generic shortages, late payments, responding to the relentless timetable of NHS change, and those inevitable discount inquiries. And, of course, we are all waiting to see if the NHS National Plan actually delivers anything for pharmacy next week. But even if it does - and there have been some pretty heavy hints about repeat dispensing, for example - is the money to pay for it likely to be included in this year's global sums? Pharmacy services need to properly funded, but getting that message across to politicians in terms they can understand is difficult. The London Forum of LPCs had a good stab at it in its recent strategy paper. It pointed out that community pharmacists use their own private finance to bear the burden of the primary care drugs budget on behalf of the NHS (in London this figure amounts to about £92 million, the Forum claims). If the NHS had to bear this financial burden it would likely lead to a reduction in service levels to patients. No other health professional provides private finance to the NHS on this scale. It is, therefore, a prime example of a private finance initiative which the Government is keen to develop.

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Doctors told when medicines DUMPed

Suffolk pharmacists are running a DUMP campaign in which doctors are told which repeat medicines are not being taken.

Patients return medicines to the pharmacy where they were dispensed and, with the patient's consent, a form is returned to the prescriber who decides what action to take. Research students will analyse the forms to assess compliance and to try to identify reasons for why the medicine has not been used.

Bury Primary Care Group, which is financing the scheme, hopes it will control prescribing costs. The campaign, which started in Sudbury on June 29, was launched in Bury St Edmunds on Wednesday. It will cover 400 interventions, which are expected to take three months.

Eleven pharmacists are being paid £5 for each intervention. The pharmacist organiser, Karl Legg, told *C&D* the aim was to identify unnecessary repeat medication, otherwise a similar number of unwanted medicines would be collected if there were a DUMP campaign next year.

The PCG's Karen Wood stressed that patients were under no compulsion to reveal their non-compliance. "It's not a blame culture; we are there to help by finding out why patients are not happy with their medication," she said. The response had been so good in Sudbury that one pharmacy had already applied for more collection bins.

Irish plan joint celebration

A joint conference commemorating pharmacy milestones in Northern Ireland and the Republic will be held in October.

This year is the 75th anniversary of the Pharmaceutical Society of Northern Ireland and the 125th anniversary of the Pharmaceutical Society of Ireland. The weekend conference will take place at the Tullamore Court Hotel, Tullamore, County Offaly, Eire, from October 13-15.

On the Saturday the two postgraduate pharmacy education organisations - NICPPET and ICPPE - are sponsoring a programme on the pharmaceutical care of diabetes.

On the Sunday there will be sessions on pharmacy in Ireland, Northern Ireland's Vision 2020 programme, and the history of the PSNI.

Pharmacists on both sides of the border will soon receive leaflets outlining the conference. Further information is available from PSNI chief executive and secretary Sheila Maltby.

Patients adjust doses to suit their own symptoms

Patients with stomach acid problems are being encouraged to adjust their prescribed medication according to their symptoms.

Pharmacists have been working with GPs in Stratford-upon-Avon to identify those patients whose acid related symptoms are under control and who might be suitable for self-management.

Patients who meet these carefully considered criteria will be offered the choice, by their GP, to be prescribed a flexible dosage regime," says Andrew Burr, chief executive, Primary Care Group Ltd, a company specialising in patient medicine management and prescribing support.

Based in Nuneaton, the company has provided its own prescribing sup-

port pharmacists to work with the Stratford GPs.

When established on the scheme, patients can contact these pharmacists directly, or their own local pharmacist or GP for advice on dose adjustment or if symptoms become more troublesome. Some practice nurses have been specially trained to advise on acid-related problems.

One aim is to reduce the number of unnecessary medicines taken. Up to 10 per cent of the total prescribing budget in Stratford and District Primary Care Group is for stomach acid-related problems. The condition also accounts for a higher than average number of GP appointments.

Says Jasbir Sunner, chief executive, Stratford and District PCG: "Acid sup-

pressant drugs are commonly prescribed for symptom relief rather than as a cure. Studies show, however, that once these symptoms are under control, the majority of patients can maintain that situation with either a lower dose of the same drug or a less potent type altogether.

"We believe that the patients themselves are in the best position to judge their medication needs. Patients participating in this scheme have the full support of their GP and the community pharmacists. This plan simply empowers them to match their medication for this condition with their lifestyle."

About 20 community pharmacists are involved in the project, covering 19 GP practices.

Council member accuses Lambeth of hiding salary information at the top

Royal Pharmaceutical Society Council member Sultan Dajani has attacked the Society for failing to be more open in its dealings, and has accused it of "selective corporate governance".

In a statement issued on Monday, Mr Dajani says that he has been unable to find out information about salary increases for the Society's directors and the secretary and registrar. Following questions at the Society's annual general meeting in May, Mr Dajani had agreed to pursue the matter on behalf of some of the members present.

He accuses the Society of a "bid to hide information from me as a member of Council". He adds: "This is not the first time that the system managed by the few has excluded members of Council from the relevant facts when we are supposed to know everything in leading the profession."

Mr Dajani also released two letters he had sent to Society president Christine Glover. One dated June 26 says that he made his first enquiries about staff salaries, wage increases and their criteria on May 12. He says he had to prompt the finance department on June 7, only to be told his request had been referred to Anne Lewis and that he was not allowed to have his questions answered until the figures are published next year.

Minutes from the Society's officers' meeting of April 3 suggested a salary review had taken place and that the officers had agreed to consult colleagues before reaching a final decision.

sion. "Who are these colleagues, what were the final decisions and why are we as members of Council not privy to this information?" he asked Mrs Glover.

The second letter to Mrs Glover, dated July 8, refers to a lack of any new open or transparent processes being in place to assess the competence of the existing directors and managers at Lambeth. While welcoming moves last year to open up the Society through increased accountability, probity and transparency, he says he is worried that all this work on corporate governance is only window dressing.

While he has tried to have his questions answered in harmony with the new ways of working, Mr Dajani says, he has been "hindered, tackled, pilloried and blocked" at every turn. He also complains of now feeling threatened.

Mrs Glover is understood to have replied both times to Mr Dajani's letters, but he has refused to make them public as they were marked private and confidential.

On Tuesday the Society issued a statement in response to Mr Dajani's queries about how salaries are agreed, but declined to make any comment about his accusations of a lack of openness.

The Society points out that it adopted the HAY evaluation system for determining the pay structure of its managerial staff in 1985 and this has been applied since to most of the other grades of established staff. "The system provides for the re-evaluation



Sultan Dajani: accuses Society of 'selective corporate governance'

of job values as with any such system it is the post, not the postholder, that is evaluated," it states.

"Following the restructuring of the Society's staff into directors, directors' job values were re-evaluated by an external assessor. Currently, a fundamental review of the arrangements for determining policy on remuneration packages for senior staff is being undertaken by a group led by the vice-president. This group is considering a number of aspects of the Society's corporate governance, including internal audit. Recommendations will be considered by the Council shortly."

"Under current policy, staff salary bands are published in the Society's annual accounts."

Minister welcomes online standards

Junior health minister Gisela Stuart has welcomed a call for ensuring high standards of information and medicines purchased via the internet. However, she has warned that the onus to comply with the law will remain with the supplier of medicines, rather than with the purchaser.

In a Westminster Hall debate last week, Ms Stuart said that everyone who buys a medicine through whatever medium must have medication that is appropriate to his or her condition.

It is part and parcel of the pharmacist's role, "in any setting", that they can refuse to sell a medicine if in their opinion it would not be safe or right to do so.

"That is an important safeguard. The safeguards already in place make it an offence to sell, rather than buy, medicines inappropriately. We put the responsibility clearly on the supplier." So far, there have been a couple of

prosecutions, and several are in the pipeline, she added.

In addition, Ms Stuart warned: "Advertising rules and regulations apply as much to the internet as to any other medium."

She said that the Medicines Control Agency was working with the Food and Drug Administration in the US, as three-quarters of overseas web sites advertising prescription or pharmacy only medicines in the UK are based in the US. In addition, the MCA is participating in the International Forum on Pharmaceutical Crime, set up last year.

On Monday, the British Standards Institute hosted a meeting for stakeholders in internet medicines provision. Attendees included representatives of the Royal Pharmaceutical Society, the Proprietary Association of Great Britain, the Doctor Patient Partnership, the Royal College of General Practitioners and the UK online pharmacy, Pharmacy2U.

Heavy fines for hiding generic sales

Manufacturers will have to pay fines of up to £10,000 a day for failing to comply with new regulations controlling prices of generic medicines sold to the NHS.

Manufacturers of medicines specified in the Department of Health's list of controlled prices must submit information on the number of packs of each presentation sold in the year ending December 31, 1999, together with the sales receipts. Manufacturers with sales over £1 million must, by April 1, 2001, submit similar information for the year to December 31, 2000.

The Secretary of State has power to request additional information, giving the reasons why. Failure to supply that information within a specified time can result in penalties ranging from £250 to £10,000 a day, depending on the company's health service sales.

Penalties will also be imposed on manufacturers supplying a specified generic medicine at a price above that

permitted in the regulations. The amount payable is the difference between the maximum price and the price received, multiplied by an additional percentage, depending on the number of contraventions.

The Health Service Medicines (Control of Prices of Specified Generic Medicines) Regulations 2000 (SI No 1763; Stationery Office, £2) comes into effect on August 3. The list of controlled prices is published on the web at www.doh.gov.uk/generics

IN BRIEF

Drug alert

Generics (UK) Ltd has issued a recall on two items due to concerns that patient information leaflets may have been switched. The affected products are its Cimetidine Tablets 80mg 30s, with batch number 1268V2/1 and expiry 31/07/04 and its Indapamide Tablets 2.5mg 28s with BN 1581W1/1 and expiry 31/11/02. Generics issued the Class 2 recall on Tuesday. Further details are available on 01707 853200.

... and Sankyo Pharma, too

Sankyo Pharma is recalling two batches of its Dermacort Hydrocortisone Cream 15g. The affected batches are Batch Number 9354 with expiry December 2002 and BN 0031, with expiry January 2003. This is due to problems with the strength of hydrocortisone identified in stability testing. The MCA issued the class 2 recall on Monday. Further information is available from Nick Rhys Jones at Sankyo on 01494 766866.

Black list addition

Both finasteride tablets 1mg and its branded format Propecia, the as yet to be launched male baldness drug, will be listed in Part XVIIIa of the Drug Tariff, the 'black list', with effect from August 1. Changes to Schedule 10 of the NHS (General Medical Services) Regulations 1992 will also reflect this status.

Pharmacy access on internet

By the end of this year all local NHS organisations will have to publish user-friendly information on the internet about access to local GPs, pharmacists, dentists, opticians, social services and key voluntary services. They will also be required to publish information on the performance of their health and social care services. Health minister Gisela Stuart said the aim was to ensure that patients were fully informed about the services and standards of those services available to them locally.

PSNC sets out Category D Tariff

Pharmaceutical Services Negotiating Committee has negotiated a replacement for Category D of the Drug Tariff with the NHS Executive.

In instances when there is a shortage of a generic drug, as agreed between PSNC, the Prescription Pricing Authority and the NHSE, contractors will still be able to dispense a branded product and be reimbursed appropriately. Contractors will be advised of shortages as and when they occur, but they will not be listed in the Drug Tariff.

The NHSE has set out certain additional conditions:

- contractors may only endorse a brand during a shortage when they have gone to all reasonable lengths to obtain a product at or below the generic price
- the PPA will audit endorsements to ensure that the product endorsed is the one dispensed
- prescriptions must be endorsed 'no cheaper stock available' or 'NCSO', and dated and initialled personally by the pharmacist
- agreed shortages are in place for one month only unless the NHSE agree that they continue for a further month.

Category D will cease by August 3 and any remaining products will be transferred to Categories A or C. The Category A or C price will be the default price paid when pharmacists are not entitled to endorse during an agreed shortage.

Prescription switching PSNC has negotiated a deal that should reduce the number of prescriptions that the PPA switches from exempt to paid bundles by 70 per cent.

For a period of 12 months, prescriptions that have a computer recorded date of birth indicating the patient is entitled to free prescriptions will be reimbursed on the basis that no charge has been collected. This applies even if the prescription is not signed on the back.

This agreement with the NHSE is a temporary measure and is not to be interpreted as a sign that community pharmacists can reduce their efforts to obtain signatures. If there is an increase in the number of unsigned forms, the concession could be withdrawn.

The PPA is also working on arrangements that will enable pharmacists to be routinely informed about numbers of switched forms.

These new procedures should apply to prescriptions dispensed from June 2000. Contractors will be informed in due course of the first month to be processed under these new arrangements.

PSNC re-organisation The committee has approved a report from its audit committee making recommendations on ways to improve the efficiency of PSNC.

An implementation team has been set up to carry forward the report's recommendations. The team will be chaired by Roy Carrington, chairman of the PSNC audit committee. The following members have been appointed to the team: Dr D Bhatt, Digby Emson, Phil Parry, Allen Tweedie, Steven Williams.

Remuneration PSNC considered a further offer from the NHSE in the 2000/2001 remuneration round. The committee has deferred a final decision on the offer until it has seen the NHS modernisation plans and its implications for community pharmacy.

PSNC web site PSNC will be launching its web site within the next few weeks. It will provide news and information on community pharmacy and NHS matters, and promote the role of community pharmacy to the public.

PCTs The working group on PCGs/PCTs is to commission work to look at ways of improving community pharmacy representation on PCT executive committees.

Timetable for change

- August 1 – generic suppliers expected to reduce their prices
- August 1 to September 8 – the normal generic price change timetable will be suspended. This means that any generics price changes between August 1 and September 8 will apply only to September prescriptions, and not those dispensed during August
- August 3 – maximum prices will become law
- August 3 – Category D will cease to exist
- September 1 – reimbursement changes will take the new prices into account. This will allow contractors a month to adjust stocks. Pharmacy contractors will submit August prescriptions for endorsement at old Drug Tariff prices
- October 1 – Pharmacy contractors will send off prescription bundles to the PPA for reimbursement at the new lower maximum prices.

Scottish press attacks under-age pill 'proposal'

Scottish newspapers have attacked pharmacists for allegedly saying that they want to be able to supply emergency hormonal contraception free of charge to girls under 16 years.

However, the Scottish Pharmaceutical Federation has stressed that pharmacists' views have been misrepresented. It reacted immediately to set the record straight and has been joined by the Scottish Department of the Royal Pharmaceutical Society in writing to the newspapers concerned.

Monday's front-page headline in *Scottish Daily Express* read 'Fury over pill for under-16s: Chemists want morning after contraceptive for young girls'. The newspaper's comment added: 'The surprising call by Scotland's pharmacists for girls under the age of consent to be given free supplies of the morning-after pill flies in the face of common sense.'

Other newspapers also ran the story which *The Mail on Sunday* broke the day before. This said that family campaigners, politicians and churchmen were attacking the decision by pharmacists to press for a change in the law. Its comment called on the Government to give 'short shrift to the special pleading' of the SPF as the proposal would further undermine the already diminished rights of parents and encourage teenage promiscuity.

The Daily Telegraph pointed out that the SPF would be considering the National Pharmaceutical Association's stance, and was expecting to follow its action. The NPA has taken the view that there should be no age limit on supply of emergency hormonal contraception if it is to make an impact on reducing teenage pregnancy (*C&D* July 8, p6).

The SPF is keen that community pharmacists are fully involved in the planning and implementation of any EHC policy that the Scottish Parliament may adopt. It anticipates that the Scottish Executive will make EHC more widely available.

In a letter to the *Express*, SPF public affairs executive Bob Cuddihy complains that the newspaper took no steps to ensure the veracity of its article by speaking to any SPF official. He set out the SPF's position, which has been put to both Scottish Health Minister Susan Deacon and the Health and Community Care Committee of the Scottish Parliament. On Wednesday, Mr Cuddihy told *C&D* that he will write again to the Minister and committee members reiterating the SPF's policy.

Doctors suggest stopping scripts for OTC medicine

Doctors are considering whether they should stop writing prescriptions for medicines that are available over the counter from pharmacies.

A British Medical Association discussion paper on 'The future of prescribing' asks whether GPs need to keep control over the present vast range of drugs.

'Can we give away GP prescribing that we do not want, as long as the GP workload goes with it? Indeed, should we be prescribing or be expected to prescribe remedies that are available over the counter, for example, paracetamol?' the paper asks. At least 30 per cent of a GP's time is taken up with self-treatable minor illnesses and many patients exempt from charges use GPs to obtain supplies of OTC medicines.

The BMA's prescribing subcommittee, which compiled the document, recommends monitoring current trials in which pharmacists use special forms to prescribe OTC medicines to exempt patients on the NHS.

'This could result in greater use of the skills and knowledge of community pharmacists, and possibly greater integration into health care provision.'

The subcommittee also thinks more medicines should move from POM to P and that the deregulation process should be quicker. Questions put to GPs include:

- Would these proposals help GPs' workload problems?
- What are the likely financial implications for GPs?
- Should GPs' terms of service to prescribe be limited to prescription only medicines?
- Should GPs re-open discussions with pharmacists on repeat and interval dispensing?

The document also asks doctors to consider whether they should charge patients for lifestyle drugs that are not absolutely essential to health. The introduction of a new schedule (12) could cover medicines the Government was not prepared to fund on the NHS but which had workload

implications for GPs. The schedule would allow GPs to charge patients for their consultation time when administering the drugs.

Doctors are asked whether exemption anomalies should be resolved or whether there should be a radical change in prescription charges. One suggestion is for a national formulary with a white list of medicines that patients could obtain free or for a notional amount, say £1-£2. Patients receiving medication from a black list would pay the present £6.

The document acknowledges there will be a move towards formularies but stresses that the main input must come from GPs themselves. 'The clinical freedom to prescribe, within the modern constraints, must prevail.'

A BMA spokeswoman told *C&D* the document had been written for local medical committees, with a view to formulating GPC policy. It was not being circulated outside the profession but the BMA would be interested to hear pharmacists' views.

Change attitudes of job and rank, proposes pharmacy technician

A chief pharmacy technician has called on pharmacists to change their ideas about allotting tasks to people according to their status or rank.

Instead, Darren Leach, of the William Harvey Hospital in Ashford, Kent, said that people should adopt a more task-

orientated, multidisciplinary approach to make better use of resources and give better care.

He cited hospitals where factors such as staff shortages, the general under use of pharmacists' skills and public expectation favoured expand-



Dr Gillian Hawksworth, who runs the Old Bank Chemist in Mirfield, Yorkshire, has received the 1999 Schering Award for her outstanding contribution to pharmacy practice. The award, now in its 13th year, was presented to Dr Hawksworth by Paul Copp, director of communication, Schering Health Care, at a ceremony in Coventry in June. Also pictured are previous award winners, guests and members of The College of Pharmacy Practice

ing the pharmacy technicians' role.

Mr Leach stressed this need to discard with the traditional model of work when he addressed the College of Pharmacy Practice's study day on 'Competency and the extended role of pharmacy support staff' held in Durham earlier this month.

Traditionally, pharmacists had been involved at three stages in dispensing in hospitals - performing a clinical check, dispensing the medicine and then making an accuracy check, he said.

At the William Harvey Hospital, pharmacists now only perform the clinical check. Technicians perform the accuracy check and support staff or assistants do most of the dispensing. Technicians are involved in patient counselling on wards and anti-coagulant clinics, drug history taking and co-ordinating arrangements for discharge medicines. They are also members of drug information and wound care teams.

However, Mr Leach warned that it could not be assumed that acquiring a qualification was equitable with competency. He argued that the changing roles of pharmacy staff could only be done effectively if there was good 'inclusive' communication so that everyone understands the rationale for the changes.

It can often pay to tackle stress

Stress is one of the biggest problems in the modern workplace. Every job carries its own form of stress, and general practice is no exception. GPs fully accept that they do not have the monopoly on this condition, but even so, it is a growing influence in the day to day workload and, as with anyone else, it impairs their performance.

GPs perform a service that is important to society, in the sense they have an important role in healthcare and control considerable sums of taxpayers' money. So a timely report recently published by the British Medical Association looked at the influence of stress on GPs and consultants.

Both groups face the same kind of stressors in their working environment and it comes as no great surprise. Factors include volume of work, com-

"Services set up to help sufferers cope with stress can pay for themselves by reducing errors"

plaints and subsequent legal tangles, and not having the means to carry out their job to the maximum potential.

These are problems that beset the NHS on a bigger scale. However, it is the front line health professionals that bear the brunt. For GPs and consultants the net effect of stress can adversely affect their physical and emotional well being. This, in turn, can impair their effectiveness at work and, yes, you have guessed it, this can lead to mistakes, errors and generally a lower quality of care.

To rectify these problems costs money, which the NHS does not have. Politicians (and you can't really blame them) like extra money to go straight down the line to direct patient care. Peripheral projects can appear on the surface to waste money.

Yet the report cites references that services set up to help sufferers cope with stress can actually pay for themselves by reducing errors. In fact, there have been calls for a GP-based occupational health service and this may happen in the near future.

However, an easier solution may be to tackle the fundamental problems of the NHS by funding it appropriately. Somehow that obvious solution does not seem to be an imminent event.

By Dr Harry Brown, a GP practising in Seacroft, Leeds

Xrayser

Topical Reflections

Hope springs eternal, but let's be realistic!

I regret I do not share the optimism of the National Pharmaceutical Association and the Royal Pharmaceutical Society that community pharmacists might be involved in prescribing P-medicines this winter (C&D, July 15, p4). I long ago lost hope that the Department of Health would embrace the concept of substantial new roles for the community pharmacist.

I know I can provide a repeat prescription service, a targeted medication management scheme and prescribe for minor ailments in the pharmacy. Pilot studies *ad nauseum* have demonstrated the advantages of providing these services, yet from the DoH there has only ever been a deathly silence.

And I suspect that, for the same reason that statutory involvement of pharmacists on PCG and PCT boards and executives was rejected, so will be any professional pressure to change the framework of community pharmacy's involvement in primary health care services.

An unspoken agenda led by senior DoH and NHS Executive managers will continue to hinder any advancement of the role of the community pharmacist, despite the fact that this will ultimately be detrimental to the patient.

I used to be concerned by the loss of the 'art' of dispensing but now, having realigned my training, I know I possess the skills to fulfil alternative roles and I am convinced those roles would improve patient care.

My fear for the future has now been replaced by an impatience to get there, yet however strident the cries from a profession which is united on this issue at least, they remain destined to fall on deaf ears.

Sensible talk from the police

A lot of good sense was spoken at the Association of Chief Police Officers meeting in Blackpool (C&D July 15, p5) but whether it will be translated into government action remains to be seen.



I do deal with registered drug addicts and supply syringes and needles. I know that properly organised supervised methadone schemes do prevent street leakage while increasing the probability of success for those on dose reduction programmes.

I also know that restricting the sale of drug misuse paraphernalia increases the risk to the abusers' health and alienates them from the community pharmacist.

Drug dependency is a massive social problem that could be helped by a nationally implemented programme of supervised methadone reduction but, presently, many well-organised schemes fail because funds are unavailable locally.

To be effective, they should be centrally funded, and the easiest system would be by an agreed payment to pharmacists dispensing suitably endorsed instalment forms issued by the local drug dependency unit.

As for the sale of drug misuse paraphernalia, all that is required is repeal of section 9(a) of the Misuse of Drugs Act.

Two simple measures that could produce real results in containing the problems of drug dependency but which are both dependent on the political will of a government still sensitive to any criticism emblazoned across the front pages of popular tabloids.

Dawlish highlights perils of multiple monopoly

I am pleased that Dawlish Town Council has now publicly stated what for years has been an ignored warning from pharmacists (C&D July 15, p6). The operation of pharmaceutical professional services by what in effect are local multiple monopolies can be bad for their development, and therefore bad for the consumer.

Dawlish Council has objected to a proposal to relocate a Lloyds branch next to a new hospital on the grounds that competition from an alternative pharmacy would be more beneficial.

I do not know the details, but I am sure I already agree with the sentiment. Nationally, multiples already own about 50 per cent of all pharmacies and as this figure rises, it will soon mean that commercial directors, not pharmacists, will dictate development of pharmaceutical services.

This is a trend that contract limitation regulations encourage, but where the solution is not their wholesale abandonment. Pharmacy needs limitation of contract to stop a return to the bad old days of leap frogging, but those controls must be re-appraised to halt the detrimental monopoly so rightly objected to in Dawlish.

Expenses fiddle netted over £2000

A Manchester-based locum pharmacist who fiddled his petrol expenses and over-charged his employers by more than £2,000 has been struck off the Pharmaceutical Register.

"You were fortunate not to have faced criminal proceedings," the chairman of the Royal Pharmaceutical Society's Statutory Committee, Lord Fraser of Carmyllie, QC, told Johur Husseen last week.

Mr Husseen of Caistor Close, Chorlton, Manchester, had been working between February 1996 and April 1999 as a locum at a number of Superdrug pharmacies.

Counsel for the Society, David Bradly, said Superdrug's policy was to pay mileage expenses according to a computer route finding program plus 10 per cent.

Between February 1996 and December 1998, Mr Husseen had made a total of 63 claims in which there was excess mileage of 7,938 miles, resulting in overpayment of £1,984.50. Between January and April last year, he submitted 11 expenses claims, which were £237 more than the total to which he was entitled.

Mr Husseen told the Committee he had repaid Superdrug £2,221.50.

Lord Fraser said: "This was a serious breach of trust on your part." The Committee had felt they had no alternative but to remove his name from the Register, but advised Mr Husseen that he could apply to be restored at a later date.

"I would stress there has been no criticism of you as a pharmacist," added Lord Fraser.

Errors made while under 'unacceptable' pressure

A Manchester pharmacist who made a series of errors has been found guilty of professional misconduct.

However, the Statutory Committee decided not to make a decision on removing Mr. J. Jaworowski's name from the Society's register for a year, saying it accepted he had been working under 'unacceptable' pressure.

The errors happened when Mr Jaworowski was employed as the pharmacist in charge of K's Chemist, Ordsall District Precinct, Salford, at the end of 1998. The Society's solicitor, Geoffrey Hudson, described how over three months Mr Jaworowski had

Steroid import investigation revealed other offences

A pharmacist who took part in the importation of tens of thousands of phials of steroids, intended for sale in Midlands body building clubs, has had his name removed from the Pharmaceutical Register.

Nameem Abdul, of London Road, Waterlooville, Hampshire, also admitted stealing more than £6,000 while employed in a pharmacy at 21 High Street, Bognor, West Sussex, and taking packs of steroids from the dispensary.

At Portsmouth Crown Court, in March last year, Mr Abdul was convicted on two counts of conspiracy to contravene Customs & Excise regulations on the importation of a Controlled Drug and seven counts of theft. Five of these related to the Bognor shop.

The two counts of taking steroids from stock were committed when Abdul was a locum at a branch of Lloyd's Chemist in Southampton.

At a Statutory Committee hearing in London last week, the Society's solicitor, Geoffrey Hudson, explained how the shipments of steroids had been bought in Pakistan and were labelled as if they were going to be re-exported to Africa, which would have been perfectly legal.

The first batch contained 15,000 ampoules for injection and the second and third, 10,000 ampoules each. But the documentation accompanying the third consignment was incorrectly completed, which led to the Customs investigation and the trial of Mr Abdul and others.

During the investigation, the cash thefts from the Bognor shop and the stealing of the steroids in Southampton came to light.

Mr Hudson said Abdul had at one time owned the pharmacy in Bognor High Street, but had been declared

bankrupt in February 1996. The business was sold on to another company but Abdul had continued to work there as a locum. He had also been a locum at a Lloyds Chemist in Southampton.

Mr Abdul is now serving a four year prison sentence. He did, however, appear before the Committee. He apologised for his behaviour but offered no mitigation and said he was expecting to be struck off. Chairman Lord Fraser of Carmyllie QC, said it was not the Statutory Committee's job to re-try the case or interfere with the conviction.

Mr Abdul had appealed against his conviction and sentence but the Appeal Court had ruled: "He was a professional and as such was expected to act responsibly." Lord Fraser said the Committee agreed, which was why his name had to be removed from the Register.

Drove while banned and uninsured

Two months after being banned for driving while disqualified, a pharmacist was seen driving again, the Royal Pharmaceutical Society's Statutory Committee heard.

As a result Paulash Haider, of Cusworth, Doncaster, has been struck off.

Committee chairman Lord Fraser of Carmyllie, QC, said: "We have to have very serious regard that these convictions have come together in such a short period. It is not compatible with the ethics of the profession and with some regret we have no option but to order his erasure."

Geoff Hudson, solicitors to the Committee, said this related to convictions for driving while disqualified after being banned for six months in June last year for 'totting up' points on his driving licence.

Last July at Doncaster Magistrates Court, he pleaded guilty to driving while disqualified. He received 120 hours community service and was banned from driving for 12 months. For having no insurance he was fined £300.

Then in September he further admitted driving while disqualified, and was sentenced to two months imprisonment. On appeal against sen-

tence on October 8 at Doncaster Crown Court, a 12 month probation order was substituted for the prison sentence.

Mr Haider told the Committee: "I am ashamed for what I've done and how I behaved. There are mitigating circumstances but they don't justify committing the offences." Knowing he was going to be disqualified originally he got a job in a local village so he could cycle to work but had suffered an accident while riding his bike and had taken the car. On September 4, as he was "running late", he saw the car and "I just got in".

scribed. On another occasion Mr Jaworowski had dispensed Depo Provera to a patient against a prescription calling for Depo Medrone.

Mr Jaworowski described how working conditions had become "impossible". He lost "a brilliant dispenser" who left with no notice. This left him with staff who were untrained and had to be supervised all the time.

He admitted mistakes had been made. Apart from the problems of running the pharmacy in a deprived area of Salford, Mr Jaworowski had been recovering from a heart attack and felt the pressure may have got on top of

him. He was now working in a less stressful pharmacy in Warrington, where he was very happy and his employers wanted him to continue.

The Committee, while finding the pharmacist guilty of misconduct, postponed its decision because they accepted he had been working in an "exceptionally unsatisfactory set of circumstances in one of the less salubrious parts of Manchester".

They requested that Mr Jaworowski's new employers supplied the Society with a report on his performance before the case is reconsidered - probably in a year's time.



Something new to really take to heart



Cardiovascular health is a number one priority for the nation. Your customers know that regular exercise is essential and so is a good diet, with plenty of fish oil and the right nutrients. Now there's something else which may be able to help.

Cardioace® is a new, advanced formula to help maintain a healthy heart and circulation. It's the first ever supplement to combine essential Omega-3 fatty acids EPA and DHA, with garlic and 14 important antioxidants and trace minerals. Including selenium, Betatene®, vitamins B12, E and folic acid which has received much attention in connection with homocysteine levels.

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E45 kids just get on with it

E45 Wash is a clinically proven soap substitute for the management of childhood eczema.^{1,2}

Whereas soaps make eczema worse,³ E45 Wash helps prevent skin dehydration.²

And when used in combination with E45 Bath and Cream, E45 Wash minimises skin rehydration.^{4,5}

Just as importantly, E45 is a cosmetically acceptable range that encourages good compliance.^{4,5}

Which is why kids with eczema get on so well with E45.



At ease with eczema

E45 Emollient Wash Cream. White, non foaming creamy emollient soap substitute which contains Paraffinum liquidum, Petrolatum, Cera Microcristallina, Carnauba Wax, Carnauba, Zinc Oxide, Laurith-4, C12-13 Pareth 3, Cetyl Dimethicone, Stearic Acid and Stearic Acid. **Uses:** For washing of dry, itchy skin conditions such as dermatitis, ichthyosis and psoriasis. **Dosage and Administration:** Adults and children as required. **Contra-indications, Warnings etc:** E45 Emollient Wash cream should not be used by patients who are sensitive to any of the ingredients. Patients should

take care not to slip when using before bathing and showering. Avoid contact with the eyes. **Package Quantities:** 250ml pump pack. **Basic NHS cost:** 250ml £2.75. **Status:** ACE listed. **Manufacturer:** Crookes Healthcare Ltd, Nottingham NG2 3AA. **Date of Preparation:** June 2000. **References:** 1. Blaszczyk-Kostanecka M, Prystupa K, Shaukat N. Poster presented, EADV, Nice, 1998. 2. Berth-Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11. 3. Atherton DJ. *Eczema in Childhood: The Facts*. Oxford University Press: Oxford 1994. 4. Crookes Healthcare. *J Dermatol Treat* 1997; 8: S7-S13. 5. Data on file. Crookes Healthcare. (EST980711).

Script specials

IN BRIEF

Molipaxin liquid – back later
There are still production difficulties with Molipaxin liquid 120ml and it is not expected to be available until October at the earliest.

Hoechst Marion Roussel.
Tel: 01895 834343.

Eltroxin 1000s discontinued
Eltroxin 50mcg and 100mcg in packs of 1,000 are no longer available in the UK.

Goldshield Healthcare Ltd.
Tel: 020 8649 8500.

Yomesan to be discontinued
Bayer will be discontinuing the sale of Yomesan (niclosamide) in the UK once existing stocks are exhausted. The decision has been made due to reduced demand.

Bayer Pharma.
Tel: 01635 563000.

Biatain Round launched
Coloplast is adding Biatain Round to its Biatain range. Biatain Round is a non-adhesive foam dressing, particularly suitable for exuding wounds, which will be available on FP10. The 5cm diameter size dressing costs £10 for a pack of ten and the 8cm diameter £14 for the same pack size. The new dressing will be launched on August 1.

Coloplast Ltd.

Tel: 01733 392000.

Avandia launched in the UK
Avandia (rosiglitazone maleate) has been launched by SmithKline Beecham. A novel treatment for type 2 diabetes, Avandia is licensed for use in combination with other oral antidiabetic agents in defined circumstances. More details to follow in next week's issue.

SmithKline Beecham Pharmaceuticals.

Tel: 01707 325111.

Phlexyvit gets ACBS approval
Phlexyvit has been approved by the Advisory Committee on Borderline substances for use as a vitamin and mineral component of restricted therapeutic diets for older children, from the age of around 11 years, and adults with phenylketonuria and similar amino acid abnormalities. It will be added to the Drug Tariff in August.

SHS International Ltd.
Tel: 0151 2288161.



Strakan to launch Adgyn female hormone tablets

Strakan is to launch Adgyn, a range of oestrogen and progestogen tablets.

Adgyn Estro tablets contain 17-Beta estradiol 2mg and are indicated for symptomatic treatment of climacteric symptoms for women following oophorectomy or naturally occurring menopause. Adgyn Combi packs contain 17-Beta estradiol 2mg tablets and combined 17-Beta estradiol 2mg and norethisterone 1mg tablets, which are indicated for symptomatic treatment of climacteric symptoms for women with an intact uterus. Adgyn Medro tablets contain medroxyprogesterone acetate 5mg. They are indicated for dysfunctional uterine bleeding, secondary amenorrhoea, and mild to moderate endometriosis. They can also be used for cyclical progestogen therapy, as an adjunct to oestrogen replacement during or after the menopause in women with intact uterus, with a view to preventing endometrial hyperplasia.

Adgyn Estro should be taken as one tablet daily on each day of the 28-day treatment cycle. Treatment of hysterectomised or postmenopausal women may be started on any convenient day. If a patient is menstruating, treatment is started on day five of bleeding.

Adgyn Combi packs consist of 16 white tablets containing 17-Beta estradiol 2mg and norethisterone 1mg tablets.

diol 2mg and 12 pink tablets containing 17-Beta estradiol 2mg and 1mg norethisterone in a calendar pack. One tablet is taken each day, and a treatment cycle is 28 days. Menstruating women take the first tablet on the fifth day of menstrual bleeding. If this has stopped, or is infrequent or sporadic, the first tablet can be taken at any time.

The dose for Adgyn Medro tablets is 5-10mg daily for 5-10 days for dysfunctional uterine bleeding, commencing on the 16-21st day of the cycle, for two consecutive cycles. For secondary amenorrhoea, the dose is 5-10mg daily for five to ten days, beginning on the 16-21st day of the cycle, for three consecutive cycles. In mild to moderate endometriosis, 10mg three times daily should be given, for 90 consecutive days beginning on the first day of the cycle. For hormone replacement therapy, the dose is 10mg daily for the last 14 days of each 28 day cycle.

The basic NHS prices are:
Adgyn Estro 28 tablets – £1.56
Adgyn Medro 14 tablets – £1.50
Adgyn Medro 28 tablets – £3.01
Adgyn Combi 28 tablets – £2.84.

The range is due to be launched on August 21.

Strakan Ltd.

Tel: 01896 668060.

Insecticide nets only proven treatment

Insecticide treated nets are the only malaria prevention measure with proven efficacy. And the effectiveness of accepted prophylaxis such as chloroquine and proguanil is unknown, according to a review in the *BMJ*.

The review of all systematic reviews and randomised controlled trials (RCTs) concluded that while tropical insect repellents, mefloquine and doxycycline in adults are likely to be beneficial, insect repellents containing diethyltoluamide or doxycycline are likely to be harmful in children.

A systematic review of 18 RCTs found that nets sprayed or impregnated with permethrin reduced the number of mild episodes of malaria by 39 per cent.

There are no systematic reviews of the effects of chloroquine in travellers. Most trials have been in soldiers and the results cannot be generalised to include tourists or business travellers. RCTs found no evidence that chloro-

quine plus proguanil is more effective than proguanil alone or than chloroquine plus other antimalarial drugs.

A systematic review of RCTs found that mefloquine is effective in preventing malaria. And there is no good evidence that reliably attributes serious adverse reactions to mefloquine. An RCT in soldiers found doxycycline to be effective. Short-term adverse effects, including skin reactions and nausea and vomiting, were reported in up to 40 per cent of people with malaria, and there is no evidence on long-term safety.

The review found insufficient evidence on the effectiveness of other anti-malarial drugs, antimalarial vaccines, aerosol insecticides, insect buzzers and electrocuters, and interventions in children and pregnant women.

This review is part of the Clinical Evidence series published by the BMJ Publishing group. It can be found at www.clinicalevidence.org.

IN BRIEF

No problems with Parnate

Goldshield says there are no availability problems with Parnate tablets. The company has asked for the note on page 191 of the BNF – "the availability of Parnate is uncertain; prescribers should seek alternative treatment" – to be removed.

Goldshield Healthcare Ltd.
Tel: 020 8649 8500.

Sterwin's new Ultramol Soluble

Sterwin has launched Ultramol Soluble tablets. Each soluble tablet contains paracetamol 500mg, codeine 8mg, and caffeine 30mg. Ultramol is only available through independent accounts and has a list price of £2.69 for 60 tablets.

Sterwin Medicines.
Tel: 01483 505515.

Turbohaler licence extended

The product licence for Oxis Turbohaler has been extended to include its use in the relief of breakthrough symptoms. Additional actuations above the maintenance dose may be used for symptom relief up to a maximum total daily dose of six actuations. More than three actuations should not be taken at once.

AstraZeneca UK Ltd.
Tel: 01923 266191.

Lactitol sachets discontinued

Lactitol sachets are to be discontinued. Current stocks are likely to be depleted in October.

Novartis Consumer Health.
Tel: 01403 210211.

Burinex injection range changes

Two of the three sizes of Burinex injection will be discontinued when current stocks are discontinued. The 2ml and 5ml ampoules will no longer be produced. The 4ml ampoules will still be available.

Leo Pharmaceuticals Ltd.
Tel: 01844 347333.

Nexium gains Euro approval

Nexium (esomeprazole) has gained full European Union approval through the mutual recognition procedure. The first proton pump inhibitor developed as an isomer, Nexium will soon be available in 15 EU states including the UK.

AstraZeneca UK Ltd.
Tel: 01923 266191.

Counterpoints

Diflucan One scores with women

Pfizer Consumer Healthcare is supporting its Diflucan One oral treatment for vaginal thrush with a new £500,000 press campaign this summer.

The campaign message is that women don't have to put their lives

on hold when suffering from thrush if they use Diflucan One.

Four advertisements feature a swimming pool, a pavement cafe, a scooter and a department store changing room with the headline 'Diflucan One. Thrush Nil.'

The campaign targets women who are aged between 20 and 30 and will appear in women's magazines from this month.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

Diflucan One. Thrush nil.



Hay Fever Monitor

Benadryl

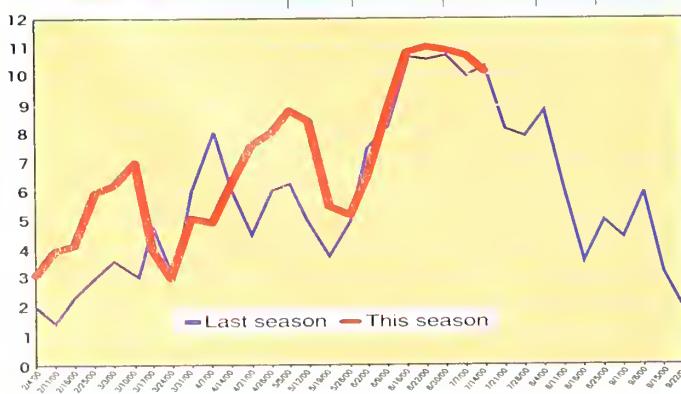
ALLERGY RELIEF

(contains acrivastine)

No non-drowsy allergy tablet works as fast

- Hay Fever
- Dust Allergy
- Pet Allergy
- Skin Allergies

United Kingdom	Pollen level this week	Same week last season	Predominant pollen this week	Status	No. of weeks on status
BIRMINGHAM	10.7	10.9	Grass	Alert	6
BRISTOL	10.2	10.2	Grass	Alert	5
GLASGOW	9.4	8.6	Grass	Alert	5
LEEDS	10.7	10.6	Grass	Alert	6
LONDON	10.8	10.1	Grass	Alert	6
MANCHESTER	10.7	10.6	Grass	Alert	5
NEWCASTLE	10.9	11.0	Grass	Alert	12
NOTTINGHAM	10.5	9.8	Grass	Alert	6
PLYMOUTH	9.9	10.9	Grass	Alert	6



million
a spend



she's
Crawling
with
bacteria
and she wants to thank you

and she wants to thank you

realisation that probiotics have considerable potential to contribute to modern healthcare owing. Clinical trials indicate a number of beneficial effects. It has been shown that Bifidobacteria promotes the formation of large amounts of IgA¹ - one of the body's principal disease-fighting antibodies. And *L. acidophilus* and *B. bifidum* have also been shown to support the immune system.¹ Probiotics may also be particularly useful as supplements, in two notoriously problematic areas - Irritable Bowel Syndrome and recurrent thrush. Controlled trials, successful clinical treatments and related observations, all show that manipulation of the gut flora can help symptoms. 1345678

Multibionta is a multisupplement, containing three intensively studied probiotic strains, together with oil recommended vitamins at 100% RDA, and minerals. And since it's enteric coated, the bacteria won't be destroyed by stomach acid. All of which makes Multibionta an ideal probiotic formulation to recommend to sufferers of recurrent IBS or thrush, or for the promotion of general good health. Make Multibionta available for your customers to buy. They'll thank you for it.

Recommend



The only complete multivitamin with probiotics

Call 0800 252 482 if you would like to receive a professional sample and a clinical guide describing the use of probiotics in primary care.

IN BRIEF

E45 to sponsor Peak Practice

Crookes Healthcare's E45 skincare range is going to sponsor Carlton Television's popular medical drama series Peak Practice starting from September as part of a £1.5 million marketing deal for the product. E45 and Skin Confidence E45 will support a new autumn series of the programme which is scheduled to run through until December.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Ibuleve is on the move

Dendron is supporting its Ibuleve and Bazuka brands with a new lorry-based advertising campaign. A fleet of 26 large Nash Mills lorries are now carrying giant billboard sized advertisements for the two brands.

Dendron Ltd.
Tel: 01923 229251.

Colpermin washroom campaign

Pharmacia & Upjohn is supporting its Colpermin IBS treatment with posters in motorway service station washrooms across the country. The posters are sited on cubicle doors as well as in the main women's washroom areas. The campaign will run until August 13.

Pharmacia & Upjohn.
Tel: 01908 661101.

Conair adds more power to electrical grooming aids

Conair is adding a new hair dryer and a styler to its Electric Revlon range.

The Revlon JetStream 2000 Dryer is a powerful 2000w dryer that comes with a colour co-ordinated thermal straightening brush, a pre-styling comb and four velcro rollers.

The dryer has three heat/speed settings, including a cool button to fix the style in place. It has two attachments - a diffuser with soft fingers that gently grip the hair to give lift, curl and texture and a concentrator nozzle for drying hair straight.

The Revlon JetStream Air Styler is a 1000w hair styler featuring four attachments for drying and styling. Its 'hot hand' attachment has a built in straightening plate for lifting, smoothing and shaping.

There is also a concentrator nozzle, a bristle brush for body, curls



and waves on all lengths and a retractable thermal brush for smoothing, shaping and adding curl.

The dryer and the styler are presented in satin finish beauty bags and come with a two year guarantee. Retail prices are around £30 and £28 respectively.

With a growing men's fashion

trend for trimmed facial hair, Conair is launching a new pivoting beard and moustache trimmer in its BaByliss range.

The BaByliss Pivotal Trimmer features a pivoting head that adjusts to five different cutting angles to cut hair at different lengths. It comes in a charging/storage stand and has a three year guarantee. Retail price is around £20.

Conair plans to spend £3 million on Christmas TV commercials for Revlon Jetstream 2000 Dryer and Air Styler, BaByliss Pivotal Trimmer, the newly improved BaByliss Straight & Shine with Shot of Steam, BaByliss Bath Spa and BaByliss Hydra Spa Foot Bath. The campaign will start at the beginning of December.

The Conair Group Ltd.
Tel: 01276 687500.

Pocket money beauties are aimed at those girls with attitude

Gaughan Associates is launching a new budget-priced range of bath and body products targeted at young girls aged 6-16 years.

The 'That Girl's got Attitude' range includes body spritzers, edt, bath rocks, bath blisters, glycerine soaps, body glitter gel and furry glitter purses containing a 50g soap.

The products are available in three fragrances - Wicked Watermelon, Brazen Blueberry and Luscious Lime.

Two additional fragrances will be introduced before Christmas.

Retail prices range from around £0.70p to £1.00.

Gift sets include a bag containing a selection of bath and body products, glitter polish and a finger divider (rsp £2.99).

Brightly coloured floor or counter display units are available.

Gaughan Associates.
Tel: 01522 538666.



Co-pharma's Heelbalm will get under your feet

Co-pharma is launching a new cream to provide relief from cracked, rough heels and soles of feet.

Heelbalm contains urea and allantoin to chemically break down hard, thickened areas of the skin.

It also includes natural peppermint oil leaves to leave feet feeling soft, cool and refreshed.

The product is formulated to soften the skin so thickened areas of skin can be gently sloughed off with a rasp

or pumice stone. Regular use should inhibit further build-up of rough, dry skin.

Retail price is £5.99 for 100g.
Co-pharma Ltd.
Tel: 01923 255577.

ON TV NEXT WEEK

Beconase Allergy: Sat, C4, C5

Benadryl Allergy Relief: All areas

Colgate Fresh Confidence toothpaste: All areas

Daktarin Gold: All areas except GTV, B, CTV, C4, GMTV, TSW

Deflatine: All areas

Dettol Liquid: All areas except GTV, B, Y, CTV, W, TT

Diflucan One: B, G, Y, C, C4

Gillette Mach3: All areas

Huggies: All areas

Immac: All areas

Imodium Plus: All areas

Nytol: GMTV

Odor-Eaters: All areas

Panadol: U

Poli-Grip: All areas except LWT, GMTV, TSW

Pro Plus: C4, C5

Sensodyne toothpaste: All areas

Solpadeine: U

Zirtek: C, CAR, HTV, GMTV, C4

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



Not designed by Wilkinson Sword. Not designed to give men exceptionally close shaves.



The FX Diamond spells trouble for stubble. Thanks to a revolutionary diamond coating your customers won't find a sharper blade.* Or one that lasts longer.* To be blunt, it's hardly worth stacking anything else.



FXDIAMOND

NO BLADE LASTS LONGER

Amorphous Diamond Blade Coating as tested under independent laboratory conditions among permanent shaving systems.

With over £100 million expected to be spent on complementary medicines in the UK this year, **Sarah Thackray** reports on the business potential this offers to pharmacies

A natural opportunity

An ever-increasing number of people are looking for natural alternatives to conventional medicine, and scientific research is proving many ancient beliefs about the efficacy of various plants in their natural form.

With the recent explosion of interest in a much wider range of natural products, the British are spending more than ever on complementary medicines such as herbal remedies, homoeopathic products and aromatherapy.

Mintel Marketing Intelligence forecasts that the complementary health market will increase to well over £100 million in 2000.

Reasons for this growth include a trend towards self-medication and increasing public disillusionment with genetically modified products.

Other factors are the growing

media focus on natural alternatives and an increasing endorsement of complementary medicines by the medical profession. The retail distribution of complementary medicines has also improved.

Pharmacy: first choice

Health food stores still hold the lion's share of the complementary health market, but this has fallen into decline, partly because the staff in these stores do not have the OTC

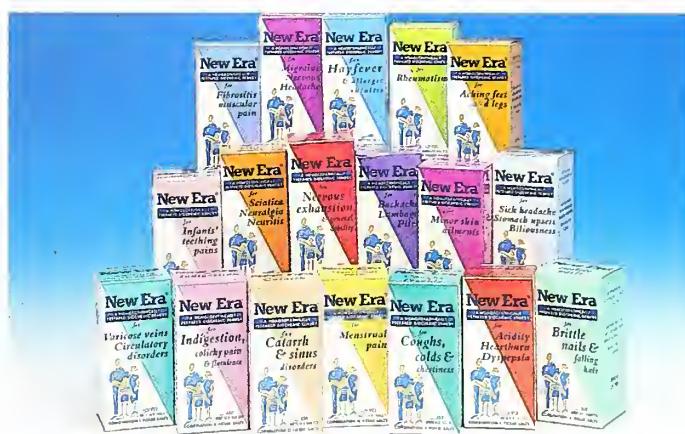
expertise that is offered by pharmacists and their counter staff.

It should be no surprise, therefore, that an increasing number of consumers are now looking to pharmacists as well as health food retailers for advice about complementary remedies.

But a recent survey (Taylor Nelson Sept '99) highlighted that most people would rather seek advice about complementary medicines from a local pharmacist than a health food retailer.

While a growing number of people consider complementary medicines, more often than in the past, the survey also showed that over 60 per cent of respondents felt they did not know enough about complementary medicines to make an informed choice and required more accessible information.

Continued on P18 →



The New Era range comprises over 30 homoeopathic medicines for the treatment of many minor ailments

	Circulation	Coughs & colds	Digestive health	Energy	Hayfever	Head conditions/ pain relief	Mens' health	Rheumatism	Skin problems	Sleep	Slimming/weight control	Stress/calming	Urinary	Womens' health
Homoeopathy	Aconite Nat Mur Nux Vom Gelsemium Hepar sulph Coldzeno	Nux Vom Carbo veg Kali phos Apis Mel Bachs Olive	Nat Mur Kali phos Euphrasia Arsen Alb Pallena	Pulsatilla Kali Bich Bryonia 6c Belladonna Ruta Grav Nol Mur 6c Pulsatilla 6c Iris vers 6c	Aconite 6c Kali Bich Bryonia 6c Belladonna Ruta Grav Nol Mur 6c Pulsatilla 6c Iris vers 6c			Rhus tox Ruta Grav Apis Mel	Belladonna Pulsatilla Nat Mur Silica Hepar Sulph/Sulphur	Arnica Sulphur Noctura	Graphites Calc carb	Ignatia 6c Nux Vom 6c Sepia 6c Colocynththus Argent nit Gelsemium 6c Arsen alb 6c Kali Phos Nat Mur	Nux Vom Belladonna Apis Mel Cantharis	
Herbal	Ginkgo Biloba Garlic Ginger	Echinacea liquid or tablets Garlic Boneset Red sage garlic or garlic garlic or garlic Balm of Gilead (child)	Ginger Slippery Elm Artichoke Acidosis tablets or mixture	Ginseng Curzon Appetiser	Antifec	Feverfew German camomile and valerian Linden, lemon balm, California poppy & skullcap Aniseed	Saw Palmetto Sabinol Antiglon Strength tablets Lion cleansing herbs	Ligivites Kelp Tobriss 9 Rubbing oils Rheumatic Pain	Dandelion root/ Nettle Propolis Wild yam Skin Clear tablets, ointment or lotion	Valerian Herbal Nytol Slumber tablets Kava kava Nodoff tablets or mixture	Kelp Helonias Boldex	St Johns Wort Kava kava Newrelax	Cranberry Buchu Skullcap/ lavender Uvcin Kasbah	Agnus Castus Cramp bark Dandelion Pot marigold and cleavers Raspberry leaf Arthritis Premenstrual Well Woman Diuretals Helonias
Aromatherapy	Juniper Rosemary Peppermint	Steam inhalations of Eucalyptus, lavender & tea tree Sandal wood Lemon Bergamot Cypress	Peppermint Mandarin Rosemary Lavender Eucalyptus Bergamot Juniper Peppermint Ylang-Ylang May chang	Basil, Oil Rosemary Lavender Eucalyptus Bergamot Peppermint Ylang-Ylang May chang	Comomile Lavender Eucalyptus Bergamot Juniper Peppermint, eucalyptus or German camomile Rosemary Ylang-Ylang	Lavender oil blended with sweet almond oil Cypress Sandalwood Tea Tree	Lavender Rosemary Juniper Lemon Cypress	Tea Tree Oil Lavender or Comomile oils Eucalyptus Ylang Ylang Geranium Frankincense	Lavender Majoram Neroli Cannomile	Jojoba Juniper Cypress Clary sage Ylang Ylang Rosewood Geranium Lavender Bergamot May chang	Roman camomile Clary sage Ylang Ylang Rosewood Geranium Lavender Bergamot May chang	Juniper Sandalwood Lavender Rose Tea Tree	Clary sage Ylang Ylang Lemon grass	

A handy guide to natural treatments for 14 common ailments compiled by Numark for its 'Your Health, Your Choice' scheme. Numark will be running training course covering homoeopathy, aromatherapy and herbal remedies in September

DON'T LET HIS ANTIHISTAMINE AFFECT HIS DRIVING



It is well accepted that first generation antihistamines, such as chlorpheniramine, may frequently cause drowsiness.^{1,2} But some second generation antihistamines are not without sedative risks. A recent post-marketing surveillance study involving 43,363 patients found that cetirizine and ariavastine were approximately 3.5 and 2.5 times ($p<0.0001$) more likely to result in reports of sedation, respectively, than Clarityn Allergy.³

Equally important is the lack of awareness many people have about the drowsiness caused by their medication and, being unaware of it, are unlikely to take precautions when driving or performing other potentially dangerous activities.⁴

That's why it's essential to ask customers if they drive before you recommend an antihistamine. If they do, recommend Clarityn Allergy, a truly non-sedating antihistamine that can relieve all their hayfever symptoms^{5,6} – but won't adversely affect their driving.^{1,2}



Clarityn Allergy Prescribing information: Clarityn Allergy Tablets contain 10 mg Loratadine. Clarityn Allergy Syrup contains 10 mg Loratadine per 5ml. **Indications:** Adults and children aged 12 and over: For the relief of symptoms associated with hayfever, perennial allergic rhinitis and idiopathic chronic urticaria. Children aged 2 to 12 years: for the symptomatic treatment of hayfever and allergic skin conditions, such as urticaria. **Dosage:** Adults and children aged 12 and over: one tablet once daily or two 5ml spoons of syrup once daily. Children aged 6 to 12 years: two 5ml spoons of syrup once daily. Children aged 2 to 5 years: One 5ml spoon of syrup once daily. **Contra-indications, precautions:** Hypersensitivity. Pregnancy and lactation: Use in children under 2 years. **Side-effects:** Rarely, fatigue, nausea, headache, alopecia, anaphylaxis, abnormal hepatic function, supraventricular tachyarrhythmias, Tachycardia and syncope have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs which inhibit P450 3A4 and 2B6 metabolic pathways may result in elevated plasma levels of loratadine or the concomitant medication. **Pack sizes:** Cartons of 7 tablets. Bottles of 50ml syrup. **Retail price:** Tablets £4.25, Syrup £6.99. **Legal category:** [2] **Product licence numbers:** Tablets: 0261/0175, Syrup: 0261/0173. **Product licence holder:** Schering-Plough Ltd, Shire Park, Weybridge, Surrey, KT14 7AW. **Date of revision:** August 1997. **References:** 1. Simons FER. Drug safety 1994; 10(5): 350-380. 2. Simons FER. J Allergy Clin Immunol 1989; 84(6, part 1): 845-851. 3. Simons FER et al. Ann Allergy Asthma Immunol 1999; 82: 157-160. 4. Burmanji S, Shams J. Clin Experimental Allergy 1999; 29(Suppl. 3): S133-S149. 5. Shakir S. Data presented at BSU/BSACI meeting, 30 November - 3 December, Harrogate 1999. 6. Kay GS et al. J Allergy Clin Immunol 1989; 103: Abstract 975. 7. Herman D et al. Allergie Immunol 1992; 24: 270-274. 8. Tiwa MK et al. Allergy 1992; 47(Suppl. 12): 174-179. 9. Cockbain RD et al. Ann Allergy 1987; 58: 407-411. 10. Beagley J et al. J Allergy Clin Immunol 1989; 84: 741-745. 11. Kemp JP et al. Am J Rhinol 1987; 1: 151-154. 12. Betts F et al. Proc XIII Congr Allergol and Clin Immunol. Montreux 1988.



CLOSE FINSBURY

Complementary health

→Continued from P16

A nationwide survey recently commissioned by Numark revealed that over 70 per cent of people want more advice and information on complementary medicines specifically from their local community pharmacist.

Over 320 pharmacists have now joined the Numark 'Your Health, Your Choice' scheme which was introduced earlier this year.

The scheme communicates the self-help treatment for 14 of the most common types of complaint. Customers can be guided between herbal remedies, aromatherapy, homoeopathic products, supplements and conventional over-the-counter remedies.

Pharmacies who have joined the scheme have reported sales increases in complementary medicines. In the pharmacies where the scheme was initially tested, sales of complementary medicines shot up by 30 per cent over eight weeks.

Numark is continuing to invest in this scheme in its consumer marketing activities throughout 2000.

Product category manager Catherine Semens, comments: "Pharmacies have to respond to consumer trends and need to be able to offer an alternative choice - giving consumers access to more knowledge."

"Some pharmacists are quite sceptical about complementary medicines because of being classically trained. However, others are now wholeheartedly embracing training courses - either for themselves or for pharmacy assistants."

"Pharmacies often start with herbal products which are more accessible than homoeopathy or aromatherapy. Herbal products like St John's Wort and echinacea are often in the media (with good and bad press!)."

"Consumers want to be offered a choice between conventional medicine and alternative remedies. As we move towards self-medication, the public wants support and access to advice."

Yet, are pharmacists capitalising on this growing demand? Catherine Semens says: "Although some pharmacists are still quite sceptical about alternative remedies, there has been a change of attitude over a relatively short period of time. People want this advice and pharmacists can't ignore that."

Herbal remedies

Within the complementary medicines market, it is the herbal remedies sector that has shown the most dynamic growth in recent years.

According to Seven Seas Health Care (manufacturers of the Hotels



Weleda has repackaged its OTC medicines with colour-coded packs to distinguish each product according to the specific problem or therapeutic area



Stafford-Miller is supporting its Nytol Herbal sleep aid with a £3 million advertising campaign this year

range), the UK market for herbal products now generates £70 million in sales, which is equivalent to the OTC hayfever category.

Herbal remedies make up the largest complementary medicine sector, with products being popular for coughs and colds, stress, rheumatism and women's health.

The fastest growing herbal products are St John's Wort, valued at over £11 million and growing at a rate of 200 per cent, and ginseng with £6 million in sales, increasing by 17 per cent year on year.

This contrasts with the US, where echinacea is now the top selling herb.

Women's health is a strong growth sector - particularly herbs used for hormonal imbalance based on soy isoflavones (the fastest growing supplement category in the US) and black cohosh for menopausal hot flushes.

New herbs backed by research into joint care such as devil's claw and ginger are starting to replace the older more traditional products such as cod liver oil.

Herbal digestive aids, in particular artichoke, peppermint and milk

Continued on P20



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Seven Seas Health Care is supporting its Hotsels range of herbal remedies with a £1 million marketing campaign this year

→Continued from P18

thistle are following the European trend and are increasing in popularity in the UK.

Herbal remedies are popular because they offer easy-to-understand dosing regimes and modes of action but are produced from renewable sources.

Made solely from parts of whole plants (such as leaves, bark or roots), herbal remedies are believed to be effective because the constituent parts of the plant act to balance the effects of the active ingredient within the body.

While only licensed products are allowed to make claims regarding



Nelsons homoeopathic eliquid range features an innovative pump action dispenser that was awarded millennium product status

efficacy, the herbs sector has seen an increase in the number of unlicensed products that are positioned as 'supplements' and therefore may claim to 'maintain health'.

Herbal remedies have benefited most from the increasing media exposure and growing consumer awareness.

Mintel predicts that herbal medicines will remain the largest complementary medicine sector, rising by just over 10 per cent between 1998 and 2003.

Homoeopathic remedies

Homoeopathic remedies have seen a more modest growth in comparison to other market sectors. However, sales are also picking up as these remedies become better known and people want to try something different.

Growth has largely been due to wider distribution alongside herbal products, but homoeopathic remedies have not moved into mainstream purchasing with the same rapidity as herbal remedies.

Reasons for this include the nature of the product usage, dosage and the whole rationale of treatment being more difficult to understand.

Homoeopathy is a therapeutic system using very low dose preparations which are selected according to the principle that 'like should be cured with like'.

For example, the homoeopathic remedy *allium cepa* is derived from the common onion. Contact with raw onions typically causes lacrimation, stinging and irritation around the eyes and nose, and clear nasal discharge. *Allium cepa* might be prescribed to patients with hay fever, especially if both nose and eyes are affected.

Specific conditions for which there is the best evidence of the effectiveness of homoeopathy are those where there is an allergic component, eg asthma, rhinitis or hayfever. There is also evidence of its

effectiveness in the treatment of influenza.

The principles of homoeopathy mean that the more dilute a remedy, the more potent it becomes. As a general rule, for most acute and long-standing ailments, the 6c (diluted and succussed six times) is most suitable. For emergency and many chronic conditions, 30c remedies are better. However, it is more important to select the correct remedy than to use the right potency.

A slight increase in symptoms (aggravation) may be experienced at the start of treatment and is a sign that the body's own natural healing powers are starting to work. If this happens, the customer should stop taking the remedies until the aggravation subsides and then restart.

Purchasers of homoeopathic remedies tend to be the most committed to the principle of complementary therapies. In order for the market to fulfill its growth potential, a greater consumer understanding of homoeopathy is required.

Mintel expects this sector to show a much slower rate of growth over the next few years, as consumers remain confused by the complexity of the items on offer.

Aromatherapy oils

Aromatherapy essential oils showed sales growth of 122 per cent between 1993 and 1998, and there was a massive increase in distribution over this period (Mintel).

In achieving this level of growth, aromatherapy oils have moved away from a therapeutic positioning towards a cosmetic and toiletries image.

In an attempt to gain consumer acceptance and understanding, there has been a tendency for essential oils to be offered as blends or categorised as 'relaxing', 'energising' or 'sensual'.

While this has improved sales and fuelled growth in the market, it has marginalised the therapeutic use of such oils to treat specific conditions.

Aromatherapy is based on the healing properties of essential plant oils. These natural oils are diluted in a carrier oil and usually massaged into the body, but they can also be inhaled, used in a bath or in a cold compress next to the skin.

The most popular essential oils include lavender, tea tree, rosemary, peppermint and eucalyptus.

Aromatherapy massage is mainly used to promote relaxation, treat painful muscular conditions and reduce anxiety. There are instances of aromatherapy now being used in some hospitals.

There is some evidence that aromatherapy massage reduces anxiety scores in the short term in intensive care, cardiac surgery and palliative care.



The highly concentrated Valerian supplement from Lichther Pharma Herbal is a natural alternative to conventional sleeping pills



The Lanes Modern Herbs range is colour coded according to problem type and the function of each product is clearly marked on pack

Mintel predicts that the largest growth in complementary medicines in the next few years will come from aromatherapy oils. This sector is forecast to rise by nearly 40 per cent from 1998 to 2003, albeit from a smaller base than herbal medicines.

Merchandising advice

Creating an effective, easy-to-shop complementary medicine fixture is important in assisting consumers to make their choice.

Nelsons, which has product ranges in all three categories, believes pharmacists can make their complementary medicines fixture more consumer friendly by grouping products together by the conditions they treat.

The company also suggests that the fixture is placed within sight of the till, it will encourage customers to seek advice if required. Education is

very important to consumers who want to be assured that they are choosing the remedy that is right for them.

Mintel points out that manufacturers are aware of the need to maintain a strong presence in pharmacies as complementary medicines must be perceived clinically as effective OTC medicines.

The presence of a pharmacist to offer advice is important, says Mintel, as it allows for additional information to be disseminated to the consumer.

If pharmacists meet the demand for providing more information, it will help turn growing consumer interest in complementary medicines into valuable pharmacy sales.

Marketplace

What's new on the complementary medicine shelves this summer



New look for Bach Remedies

Flower power

A Nelson & Co is introducing a new look for its Bach Flower Remedies to encourage new users. The 38 remedies are being repackaged to clearly position them as The Original Bach Flower Remedies, as endorsed by the Bach Centre, Mount Vernon. The new packs display the Bach signature.

A new Bach merchandising system features double facings of the ten most popular remedies, as well as increased capacity for the fastest selling product - Rescue Remedy.

Customers will also be able to purchase mixing bottles from the fixture.

A new range of themed leaflets covers subjects such as relationships, coping with illness and use of the remedies with animals.

A. Nelson & Co. Ltd.
Tel: 020 8780 4200.

Herbal indigestion remedy

Herbal Concepts plans to launch a new licensed herbal indigestion



A new licensed indigestion remedy from Herbal Concepts

remedy in September.

Herbal Concepts Indigestion Relief is designed to treat the indigestion, nausea and colic often associated with over-eating or eating rich, fatty foods.

The key ingredients are capsicum, black root, ginger and fringe tree bark. A 36 tablet carton will retail at £3.49.

A new Herbal Concepts counter unit and leaflet entitled A Fresh Approach to Herbal Remedies is available for use at POS.

AHA Synergy Healthcare.
Tel: 01491 833202.

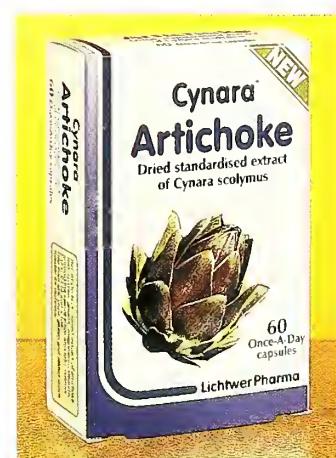
Appetite for artichoke

Lichtwer Pharma UK is introducing its Cynara Artichoke food supplement in a larger economy 60 capsule pack (rsp £14.99).

The supplement contains a concentrated extract of dried globe artichoke leaves (L1-L20) standardised to provide 320mg of dried artichoke.

Adults can take 1-2 capsules after an indulgent night to help maintain a healthy digestive system. Alternatively, up to six capsules can be taken after a similar night to help relieve symptoms like bloatedness.

Lichtwer Pharma UK Ltd.
Tel: 01628 487780.



Economy pack now available

It's a roll over

Aromatherapy Products is adding Lavender Roller Ball (rsp £1.99) to its Tisserand Lavender range. The miniature roll-on bottle is designed for carrying in a pocket or bag for everyday stress relief.

It contains a 100 per cent aromatic blend of organic lavender and

camomile pure essential oils. Both oils have relaxing properties and are can be used directly on the skin.

Aromatherapy Products Ltd.
Tel: 01273 325666.

At ease, naturally

The Health & Diet Food Co is launching a new dietary supplement in its FSC range for injuries and arthritics.

The supplement combines boswellia, ginger and curcumin, widely used in Ayurvedic and Chinese medicine as anti-inflammatories. It retails at £12.99 for a pack of 60 capsules.

Health & Diet Food Co Ltd.
Tel: 01204 707420.

Under your nose

Swiss Health is extending its Aromacard range with two new natural aromatherapy aids containing 100 per cent pure essential oils

Aromacard Breathe is formulated to offer natural relief to those who suffer from blocked nasal passages or have an uncomfortable and stuffy feeling.

Aromacard Headache is aimed at people suffering head pain or tension who do not wish to resort to traditional painkillers.

Users are advised to inhale slowly and deeply four to six times through each nostril, then wait five minutes and repeat if necessary.

Both products (rsp £7.95) come in pocket-sized snap and seal cassettes and last for up to 60 days.

Trinity Sales & Marketing.
Tel: 01483 225691.

Triple energy boost

Seven Seas Healthcare has developed a new Hofels supplement to help sustain the energy levels needed for today's fast-paced lifestyles.

Hofels Korean & Siberian Ginseng with Guarana (rsp £7.49 for a month's supply) is a combination of two varieties of ginseng and guarana in a one-a-day capsule.

Ginseng has long been valued in Chinese medicine for boosting low energy levels. Guarana is a herb used by natives of the Amazon rainforests to make a stimulating tonic to relieve fatigue and exhaustion and maintain mental alertness.

Seven Seas Health Care Ltd.
Tel: 01482 375234.



A new addition for Hofels

Natural lift

Pharmadass is launching a maca supplement in its HealthAid range of herbal products.

Maca tablets and liquid can be taken by people of all ages who are seeking a natural lift to their energy, stamina and drive.

Maca is a vegetable tuber from the Peruvian Andes that is rich in vitamins and minerals including vitamin C, zinc, calcium, magnesium, silica, phosphorus and potassium.

It is also a rich source of sterols that may help to balance hormones such as testosterone, progesterone and oestrogen in both men and women.

Each tablet contains 500mg of powdered Maca root (rsp £4.56 for 60 tablets). Maca liquid, a full spectrum tincture, is suitable for dilution into other liquids (rsp £2.85 for 50ml).

The Healthaid brand has also been expanded with a new range of Emu Oil products which are rich in vitamins A, E, lecithin and other oxidants.

The range includes capsules (rsp £9.99 for 30) which may appeal to consumers with special interest in skin, joint or heart health.

Pharmadass Ltd.
Tel: 020 8991 0035.

Keen as mustard

Nutrahealth is launching Indian Mustard Enriched with Selenium - the first in its range of Indian Mustard products.

Dubbed 'nature's magnet', Indian Mustard is an edible member of the mustard family that absorbs large amounts of minerals from its environment.

The one-a-day tablet contains the optimum daily dose of selenium (100mcg) as well as naturally sourced vitamins A, C and E. A pack of 60 tablets retails at £4.49.

Nutrlife (UK) Ltd.
Tel: 01732 466736.

As more people look for safe, natural alternatives to chemical based drugs, **Sarah Thackray** addresses pharmacists' concerns about recommending herbal medicines

Herbal medicine: safe and sound?

Parmacists at a recent herbal health seminar admitted to feeling overwhelmed by the subject of herbal medicines and were particularly concerned about the safety of herbs and their interactions with other drugs.

Many of these pharmacists were sceptical about the scientific backing for herbal medicines and were reluctant to personally recommend herbal remedies that they were unsure about themselves.

Many pharmacists do not perceive herbal medicines to be 'real' medicines according to Nick Riley, consultant to Potters Herbal Medicines.

"However," he says "There is substantial evidence to suggest that medicines using plant material have as much efficacy for their indications as allopathic medicines - and usually without as many side effects."

"If a herbal medicine has a product licence by review, it has the same legal status as aspirin. For any new licensed herbal medicine introduced into the market since the review of 1990 under the Medicines Act, the manufacturers will have had to jump through the same hoops as for any other new medicine."

"Therefore, licensed herbal medicines are real medicines. And, as such, they should be as much at home in a pharmacy as any other medicine."

Doctors can prescribe herbal medicines using the same rules as for prescribing allopathic products. Many herbal medicines are available on the NHS, although few doctors prescribe them.

Nick Riley believes this will change, partly because of the change in attitude towards herbal medicines, and partly because herbal medicines are generally cheaper than pharmaceutical drugs.

Whereas the rules on marketing medicines in the UK are clear, there has not been the same control on marketing natural substances.

This has resulted in pharmacies selling licensed herbal medicines alongside herbal products that are marketed as 'food supplements' and which hint at being therapeutic. This



has created ambiguity as to what is, or is not, a medicine.

This situation may be improved by the strengthening of the MCA's powers to define whether a particular substance is a medicine or not - and to impose conditions of sale.

Tighter regulations

Health ministers are now stepping up their efforts to change existing regulations on traditional herbal medicines

According to the Health Minister, Lord Hunt, there are signs of growing support in Europe for an initiative to achieve more effective regulation of traditional herbal medicines.

The government's aim is to ensure the safety and quality of products and

to provide more reliable information so that people can make more informed decisions on remedies.

Lord Hunt comments: "Over the past year, a consensus has emerged in this country on the need for improved regulation of traditional herbal medicines.

"The strength of that common view has enabled us to make a positive case in Europe for a more effective legislative framework. There are clear signs that a number of member states also wish to resolve the weakness of the present arrangements."

Over the summer, the government expects to find out whether there is sufficient EU-wide support for the European Commission to bring

forward proposals on a formal basis.

Tony Hampson, director of Potters Herbal Medicines, says: "We would welcome better regulation of the herbal medicines sector as we want to improve standards of safety and retain consumer confidence. Companies also need some certainty as they need to invest in the longer term."

Lee Oakley, nutritionist at Quest Vitamins, believes the government should not wait for the EU but should be encouraged to develop its own appropriate regulatory structure for herb products including St John's Wort.

Safety aspects

The safety aspects of herbal remedies were highlighted earlier this year when the Committee on Safety of Medicines issued a warning about important interactions between St John's Wort and certain prescribed medicines.

Recent evidence suggests that St John's Wort preparations induce various drug metabolising enzymes. This may result in a reduction in blood levels and therapeutic effect of some drugs metabolised by these enzymes.

The CSM has advised that St John's Wort should not be used with warfarin, digoxin, indinavir, oral contraceptives, cyclosporin and theophylline.

It could be argued that the Committee's warning has strengthened the case for acknowledging the efficacy of herbal medicines. It has also highlighted the importance of training for those who sell herbal products.

There are restrictions on the helpful consumer guidelines herbal companies can offer about herb products like St John's Wort because, under the current licensing regulations, they have been unable to obtain a licence for them.

Scientific backing for herbal products is now greatly improved, according to Dr Tieraona Low Dog who has established the botanical advisory panel for the US Pharmacopoeia and is helping set standards for herbal medicines.

Pharmacists have reason to be sceptical about a lot of the older

science for herbal products. Many of the studies published in the '70s and '80s were poorly done. However, scientific backing has improved over the past decade," she says.

She predicts that some herbs will fall by the wayside (those with no scientific evidence) and that the companies who produce the scientific backing will eventually get licences for their products.

Dr Low Dog is involved in a major US trial to test the effectiveness of St John's Wort versus prescription anti-depressants.

She explains: "This is the first time we have used St John's Wort in a trial on major depression. Previous trials have only been done on mild to moderate depression."

The trial compares St John's Wort with Zoloft (sertraline) and a placebo. This is a long multi-centre trial involving a number of hospitals and it will not be completed until autumn 2001.

As a pure sample is required for a clinical trial like this, it cannot also look at the interactions of St John's Wort with other drugs.

However, Dr Low Dog believes that the St John's Wort interaction warning will help raise the whole issue of how adverse side effects of herbal products should be monitored in the future. She says: "Manufacturers are going to have to take more responsibility for looking at possible side effects of herbal products."

Treat with respect

Janet Groves, chairman of Lanes, stresses the importance of treating herbal medicines with the same respect as conventional over-the-counter treatments.

She says: "Consumers have a perception that herbal medicines are totally safe in all circumstances because they are made using natural active ingredients. It's important that consumers understand that herbal products are medicines and must, therefore, be respected."

"Pharmacists have a central role to play in helping to educate consumers on the importance of using herbal medicines responsibly."

"As with conventional OTC products, there are three precautions that consumers should take when self-treating with herbal medicines. They should follow the dosage instructions carefully; women should avoid taking herbal medicines if they are pregnant or breastfeeding; and anyone taking prescribed medicines should talk to their GP before starting to take a herbal medicine, since some prescribed medicines can react with certain herbs."

"The pharmacist is ideally placed to check that consumers are aware of these precautions, at the time of a herbal medicine sale and when making up a prescription."

Interactions of popular herbs

Dr Low Dog, who is a herbal consultant for the Hove range, has used new research to compile this guide to the uses and contraindications of the 14 herbs most commonly used in the UK.

Burdock root (*Arctium lappa L.*, great burdock, or *Arctium minus* (Hill) Bernh., common burdock)

Uses: Arthritis, hypoglycaemic agent

Contraindications: Patients with diabetes should be aware of the potentiating effect of burdock extracts if they are taking insulin or oral antidiabetic agents. Should be avoided in large doses during the first trimester of pregnancy.

Echinacea (*Echinacea purpurea*, *E. angustifolia*, *E. pallida*)

Uses: For the prevention and treatment of colds, upper respiratory infections, uncomplicated lower urinary tract infections, and for wound healing.

Contraindications: Theoretical contraindication for those with HIV disease, collagen disease, leukosis, multiple sclerosis and other auto-immune diseases.

Adverse effects are uncommon. Animal studies using large doses of echinacea extracts have not shown any toxicity.



Garlic (*Allium sativum L.*)

Uses: Lipid lowering, anti-thrombotic, antimicrobial.

Contraindications: When taken in very large doses, garlic may increase the risk of bleeding in those taking anti-coagulant or anti-platelet agents. It is best discontinued several days before surgery to reduce risk of excessive bleeding.

Gentian (*Gentiana lutea L.*)

Uses: Digestive aid

Contraindications: May cause gastric irritation in sensitive individuals.

Ginger (*Zingiber officinale Roscoe*)

Uses: Anti-emetic, digestive aid, circulatory tonic. Those suffering from Raynaud's phenomenon often experience relief when using ginger products.

Contraindications: Large doses may increase bleeding in those taking anti-coagulant medications. There are some concerns that large doses during pregnancy may adversely affect the foetus, however, there are no human or laboratory studies that suggest small doses of ginger used in foods are unsafe for the unborn child.

Ginkgo (*Ginkgo biloba L.*)

Uses: Cerebral and peripheral vascular insufficiency

Contraindications: Caution should be exercised in patients taking anti-coagulant or anti-platelet medications. Side effects are mild and include gastrointestinal disturbances and headache.

Ginseng (*Panax ginseng L.*)

Uses: Adaptogen, tonic, restorative, carminative, cardiotonic.

Contraindications: Should be used with caution by those with high blood pressure, diabetes, or who are taking medications for schizophrenia.

Marshmallow (*Althaea officinalis L.*)

Uses: For the relief of inflammatory conditions of the mouth, throat, and gastrointestinal tract.

Contraindications: Marshmallow root and leaf is an extremely safe herb.

The German health authorities claim that there are no

known side effects, however, it may slow the absorption of other medications if taken at the same time.

Passionflower (*Passiflora incarnata L.*)

Uses: Sedative.

Contraindications: There are no reports of serious harm in the literature. Animal studies have not demonstrated any adverse effects after injection of passionflower. Safety during pregnancy has not been established.

Peppermint (*Mentha x piperita L.*)

Uses: It is used as an anti-spasmodic, carminative, digestive-aid, anti-emetic, rubefacient, and as a flavouring agent.

Contraindications: Those with gastro-oesophageal reflux should avoid the use of peppermint as it lowers cardiac sphincter tone. Rare laryngeal and bronchial spasms have been reported in infants due to the menthol in the tea.



St. John's Wort (*Hypericum perforatum L.*)

Uses: Anti-depressant

Contraindications: Rare cases of photosensitivity. There is no MAO inhibition in-vivo with the doses used to treat depression in humans.

Two cases of organ transplant rejection were reported during 1999 in patients taking cyclosporin and St John's Wort. Rejection ceased upon discontinuation of the herb.

Another small study of healthy men taking the protease inhibitor, Indinavir, and St John's Wort found lowered levels of the drug when the herb was simultaneously administered.

This has led to the speculation that one or more of the P-450 enzymes are induced by St John's Wort.

Pharmacists should inform patients that taking St John's Wort and a medication that is metabolised through the P-450 system may reduce the effectiveness of their drug.

Medication may have to be increased to maintain therapeutic efficacy. If the patient then stops taking St John's Wort, he or she may become toxic from the higher dose medication.

Until we understand more about how this herb affects the metabolism of other drugs pharmacists should counsel patients carefully who are taking prescription medicines.

Valerian (*Valeriana officinalis L.*)

Uses: Sedative, anxiolytic, and anti-spasmodic.

Contraindications: No known contraindications. Side effects are rare and include headaches, insomnia, and gastrointestinal upset.

Willow (*Salix spp.*)

Uses: Anti-inflammatory, analgesic, and anti-pyretic.

Contraindications: The bark contains small amounts of salicylates. For this reason, willow should probably be avoided in those with aspirin sensitivity.

There has never been a report of Reye's syndrome from the use of willow in a child with a febrile illness, however, it is probably wise to err on the side of caution.

Wild Lettuce (*Lactuca virosa L.*)

Uses: Sedative, anti-tussive.

Contraindications: No contraindications are known. The herb appears to be safe.

Pregnancy warning

As a general rule, it's best to discourage pregnant women from taking any herbal product especially during the first three to four months of pregnancy as many herbs can stimulate the uterus.



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Millennial medicines

Dr Tieraona Low Dog looks at the rebirth of herbal medicine and some of the popular remedies in current use

Phytomedicine, or herbal medicine, is the science of using botanical remedies to treat illness or enhance well-being. It is an ancient science that laid the foundations for modern medicine.

More than 2,000 years ago, Hippocrates wrote extensively about herbal medicine and healing. Dioscorides, a Greek surgeon in Nero's army (54-68AD), described more than 600 plants in his extensive *De Materia Medica*. Galen (131-210AD) instituted an elaborate system of herbal polypharmacy, and the term 'galenicals' is still used today to describe herbal simples.

Up until the late 1800s, drug preparations were primarily made of flowers, leaves and roots. In 1850, 80 per cent of the medicines used in Europe and the US were derived from plants. But by the end of the 19th century, pharmaceutical companies began to gain a strong foothold in the field of medicine, and drugs made from single constituents were developed.

Chemists looked for chemical compounds that could be analysed precisely and dosed in exact milligrams, with effects that could be accurately measured physiologically. This was often a difficult task with plants containing hundreds of constituents. The use of herbal

medicine declined sharply after World War II with the development of new, powerful drugs.

Herbal medicine has enjoyed a resurgence since the late 1960s, and scientific research has validated the traditional uses for a number of plants. The British Herbal Pharmacopoeia has attempted to provide a rational resource based on historical use and scientific inquiry.

But with all the advances in medicine, why are consumers returning to these ancient treatments? Although there have been remarkable advances in the field of medicine, the dangers of medical technology and the indiscriminate use of modern drugs are a valid concern. Allopathic medicine has failed to find a cure for many of our chronic illnesses.

The increasing desire of patients to avoid many modern drugs poses a challenge to both the physician and pharmacist. Neither is adequately trained to deal with the many issues surrounding the use of plant remedies - active constituents, dosages, interactions and possible side effects with other drugs, and the therapeutic value inherent with the plant.

It is difficult to accurately evaluate the research. There is a lack of consensus regarding dosage, safety, and length of treatment. Scientific studies vary in quality, with many flawed by small sample size, lack of

objective outcome measurements and short duration. Safety claims based upon a long history of use do not always apply to the way herbal medicines are used today.

Yet the sheer volume of herbal products consumed obliges pharmacists to expand their knowledge in order to support the positive efforts of the patient to achieve 'wellness'.

Herbs in common use

● **Garlic** (*Allium sativum* L.)

Common uses: lipid lowering, anti-thrombotic, antimicrobial.

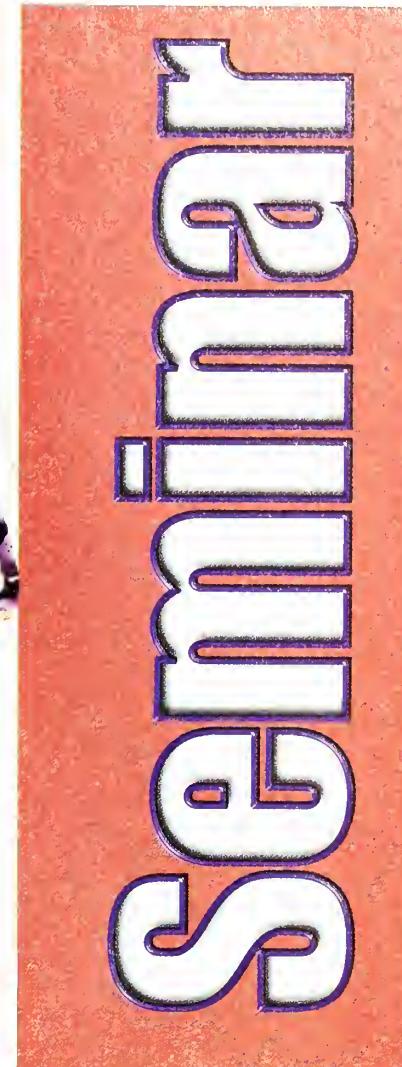
For centuries, garlic was used to prevent wound infection. Today's medical community appears most interested in the lipid-lowering properties of this herb. Garlic lowers total serum cholesterol, triglycerides, and low-density lipoproteins, while increasing high-density lipoprotein.

Garlic oil contains methylallyl-trisulphide, a substance which inhibits platelet aggregation. It also activates fibrinolysis, the body's mechanism for breaking down blood clots.

Given the safety of garlic and the beneficial effect upon the circulatory system, it seems reasonable for patients to add garlic to their daily diet. Adverse effects are uncommon.

● **Echinacea** (*Echinacea purpurea*, *E. angustifolia*, *E. pallida*)

Common uses: for the prevention



Above: Valerian has been used for centuries as a digestive aid and to help promote sleep



Marshmallow may slow the absorption of other drugs

and treatment of colds, upper respiratory infections, uncomplicated lower urinary tract infections, and for wound healing.

● **Ginger** (*Zingiber officinale* Roscoe)

Common uses: anti-emetic, digestive aid, and circulatory tonic.

Research confirms that ginger eases bloating and abdominal cramping, and increases the tone of the intestinal musculature. The German health authorities have approved ginger for the treatment of indigestion. Human trials have demonstrated the anti-emetic effects of the root.

● Gingko (*Ginkgo biloba* L.)

Common uses: cerebral and peripheral vascular insufficiency.

Ginkgo is used in traditional Chinese medicine for the treatment of asthma and to enhance clarity. The German authorities have concluded that ginkgo extract is a safe and effective treatment for peripheral and circulatory disturbances, including intermittent claudication and memory impairment, and it has recently been approved for dementia.

The mechanism of action is not completely understood but the physiologic effects appear to be due to arterial vasodilation, decreased capillary permeability, reduction of blood viscosity, erythrocyte aggregation and capillary fragility.

● Peppermint (*Mentha x piperita* L.)
Common uses: as an anti-spasmodic, carminative, anti-emetic, rubefacient and as a flavouring agent.

Those with gastro-oesophageal reflux should avoid using peppermint as it lowers cardiac sphincter tone. Rare laryngeal and bronchial spasms have been reported in infants.

The leaf has long been used to relieve coughs and colds, ease headache, reduce fever, and settle an upset stomach. Topically, peppermint oils help ease musculoskeletal pain, haemorrhoids, and reduce the pain and itch of insect bites.

Peppermint is rich in volatile oils, principally composed of menthol. Menthol acts as an anti-spasmodic to the smooth muscles of the gut and lowers cardiac sphincter tone, facilitating belching.

● Marshmallow (*Althaea officinalis* L.)

Common uses: relief of inflammatory conditions of the mouth, throat and gastrointestinal tract.

Marshmallow root and leaf is an extremely safe herb. However, it may slow the absorption of other drugs if taken at the same time. This is because the root contains up to 10 per cent mucilage. When mixed with water, it forms a soothing substance for irritated mucosal tissue.

● Willow (*Salix* spp)

Common uses: anti-inflammatory, analgesic, and anti-pyretic.

Questions of efficacy are often raised with willow, as the level of salicin content can vary greatly between different species, and is much lower than one would expect for therapeutic activity. Willow contains salicin which, upon hydrolysis, yields glucose and salicylic alcohol. This can then be converted in the body to salicylic acid.

● Burdock root (*Arctium lappa* L. great burdock, or, *Arctium minus* (Hill) Bernh. common burdock)

Common uses: arthritis, hypoglycaemic agent.

Patients with diabetes should be aware of the potentiating effect of burdock extracts if they are taking insulin or oral anti-diabetic agents. It

should be avoided in large doses during the first trimester of pregnancy.

Burdock root consists of the dried roots of the plant. The principle component is a carbohydrate, inulin, which can comprise up to 50 per cent of the total plant mass. Burdock has been used primarily as a diuretic, anti-rheumatic and 'blood purifier'. It is regarded as a useful remedy for treating arthritic pain and sciatica.

● Valerian (*Valeriana officinalis* L.)

Common uses: sedative, anxiolytic, and anti-spasmodic.

Valerian has been used for centuries as a digestive aid and to help promote sleep. *In-vitro* studies of this malodorous root have found that it inhibits the uptake and release of gamma-aminobutyric acid (GABA), enhancing sedation. Valerian extract exhibits weak anticonvulsant and antidepressant activity and has a relaxant effect upon the smooth muscle of the gastrointestinal tract. It is still unclear which constituents are primarily responsible for its activity.

● Wild lettuce (*Lactuca virosa* L.)

Common uses: sedative, anti-tussive.

Wild lettuce has been a popular remedy for restlessness, insomnia and rheumatic pain over the centuries. It contains two sesquiterpene lactones - lactucopierin and lactucin - which have been shown to exert sedative and painkilling properties in animal studies.

However, these chemicals are very unstable and present only in small amounts in the dried latex.

● Gentian (*Gentiana lutea* L.)

Common uses: Digestive aid.

Europeans have used gentian-containing aperitifs for hundreds of years to stimulate the appetite and aid digestion. The root contains several bitter compounds including gentiopierin, gentiin, gentianamarin, gentisin, and gentisic acid.

● Passionflower (*Passiflora incarnata* L.)

Common uses: Sedative.

Many herbalists recommend it to soothe the nerves, reduce anxiety, and to ensure a good night's sleep.

● Ginseng (*Panax ginseng* L.)

Ginseng, American (*Panax quinquefolius* L.)

Common uses: Adaptogen, tonic, hypoglycaemic, anti-oxidant

Contraindications: Use with caution in those with hypertension. Diabetic patients should monitor their blood sugar levels.

Ginseng helps maintain health, vitality, stamina and concentration in healthy individuals.

● Guarana (*Paullinia cupana* Humb. Bonpl. & Kunth)

Common uses: Stimulant, astringent.

Contraindications: The same as for caffeine. Use with caution in those with cardiac arrhythmias. Avoid or limit caffeine products during pregnancy because of association with low birth weight.

Guarana is used both as a beverage and medicine in South America.



The passionflower has traditionally been used as a relaxant

Changes coming to the regulatory framework?

Paul Brittain, herbal policy co-ordinator at the Medicines Control Agency, explains how the licensing system applies to herbal remedies

Medicines sold or supplied in the UK are controlled under the Medicines for Human Use (Market Authorisations etc) Regulations 1991¹ and the Medicines Act 1968.

Article 1.2 of Pharmaceutical Directive 65/65/EEC, meanwhile, defines a medicinal product as: "Any substance or combination of substances presented for treating or preventing disease in human beings or animals".

Any substance, or combination of substances which is given to humans or animals with "a view to making a medical diagnosis or to restoring, correcting or modifying physiological function" is likewise considered a medicinal product.

The law provides that, in general, medicinal products cannot be put on the market unless they have a product licence (also called a marketing authorisation). This can be granted either by the Medicines Control Agency, or through the licensing authority of the European Commission, the European Medicines Evaluation Agency.

However, the regulations² allow some medicinal products to be supplied without the need for them to go through the normal licensing procedures. This includes herbal remedies which meet conditions

specified in Section 12 of the Medicines Act.

The Medicines Act³ defines a herbal remedy as: "a medicinal product consisting of a substance produced by subjecting a plant or plants to drying, crushing or any other process, or of a mixture whose sole ingredients are two or more substances so produced, or of a mixture whose sole ingredients are one or more substances so produced and water or some other inert substance".

Section 12(1) of the Act allows a person to make, sell and supply a herbal remedy provided the remedy is manufactured or assembled on the premises, and that it is supplied after a consultation between the supplier and their patient.

Section 12(2) applies mainly to manufacturers, allowing them to supply herbal remedies without a licence where:

- the process to which the plant or plants are subjected consists only of drying, crushing or comminuting
- the remedy is sold without any written recommendation as to its use
- the remedy is sold under a description which only specifies the plant(s) and the process, and does not apply any other name to the remedy.

Although there are several hundred licensed herbal medicines in the UK, most herbal remedies are marketed as products exempt from licensing under Section 12.

Under Section 12, which is essentially an 'opt out' clause, there are no specific requirements for safety and quality, and regulation is arguably too loose. This has led to a number of public health issues. There are considerable concerns about contamination, adulteration and poor labelling, particularly with traditional Chinese medicine (TCM) and Ayurvedic products.

The Government recently introduced an Order prohibiting the sale, supply or import of unlicensed medicines containing the plant *Aristolochia* following renal failure in two patients who had been prescribed traditional Chinese medicines containing this ingredient.

There is also concern about the levels of heavy metals found in some Ayurvedic traditional medicines.

Licensed herbals

Conversely, when seeking to licence herbal products, many companies have difficulty meeting the conventional requirements of safety and efficacy.

In seeking marketing authorisations for herbal medicines manufacturers must always provide full pharmaceutical dossiers on their specific products in accordance with current guidelines. For safety and efficacy data they will generally rely on bibliographical evidence, but will have to satisfy all the requirements of the relevant European directives. Regulation is arguably too tight.

Furthermore, there is little incentive for companies to licence herbal remedies when they cannot patent the material from which the products are produced. Plants are beyond the reach of even the Patent Office in this respect.

Herbal medicines have grown to be a multi-million pound industry, and it needs to be adequately regulated. This is an area which is under review at the moment.

Lady Hayman, the health minister at the time, met with various interested parties on March 22, and there was a considerable degree of consensus on the need to look for a new regulatory approach, possibly with some form of modified licensing.

Following this meeting, and at the minister's request, the MCA has held several informal workshops with over 10 herbal interest groups to generate ideas and assess the scope for a UK consensus on the way forward.

From the MCA's viewpoint, these meetings have been very positive, with a wide acceptance of the need for change.

The main areas to be addressed are:

- safety and quality requirements
- a more systematic means of providing information for consumers
- a 'lighter touch' on efficacy requirements.

Overall, the MCA is looking to achieve a workable balance between



Willow can help relieve musculoskeletal pain

consumer safety and choice. However, at this stage it is too early to say what the MCA's preferred approach is.

European backdrop

In 1998 the AESGP, the European OTC Manufacturers Association, provided a review of the market for the European Commission. It showed that member states operate a wide variety of practices to allow herbal products to be marketed.

The Commission recognises that the regulation of herbal medicines presents problems throughout Europe, and it is seeking to bring a semblance of order to a somewhat confused situation.

Recent developments include moves to clarify the information manufacturers need to provide when applying for a licence to demonstrate that a product has "well established use" for the purpose of meeting safety and efficacy requirements.

A further potentially significant development has been the discussion by the European Pharmaceutical Committee of a European Commission paper proposing options for creating a 'traditional use' category of medicines.

The paper was well received, and a group comprising representatives of several member states has taken the ideas forward on behalf of the Pharmaceutical Committee. When the group met in April 2000, the UK was asked to provide a discussion document about the possibility of a draft directive on traditionally used medicines.

This has now been produced and circulated by the Commission to members of the group and will be further discussed in July. The MCA has also discussed the document with representatives of UK herbal interests.

References

- 1 Medicines for Human Use (Market Authorisations etc) Regulations 1994 (SI 1994/3144)
- 2 Regulation 1(3) of SI 1994/3144
- 3 The Medicines Act Section 132
- 4 Ratification of an amendment to the Annex to Directive 75/318

More than just folklore ...

Simon Mills, the director of the Centre for Complementary Health Studies, University of Exeter, outlines some conditions for which herbal medicines can be used, and highlights potential problems

Herbal medicines have been on the market for ages. The effect of the Medicines Act in 1968 was to give 'licences of right' to the many thousands of such herbal products on the shelves at the time. Around 500 of these historical 'licences of right' make up the basis of licenced herbal medicines today.

The future of the market in the UK hinges on talks currently underway in Europe on the licensing requirements for medicinal products of herbal origin. It may be that traditional claims for efficacy will be allowed to substitute for new clinical trials. This would allow new herbal licences for the first time in three decades, open up labelling and advertising, and stimulate growth market.

A clinical trial deficit

The problem faced by legislators is that it has been a slow process to establish clear evidence of efficacy using the pharmaceutical model.

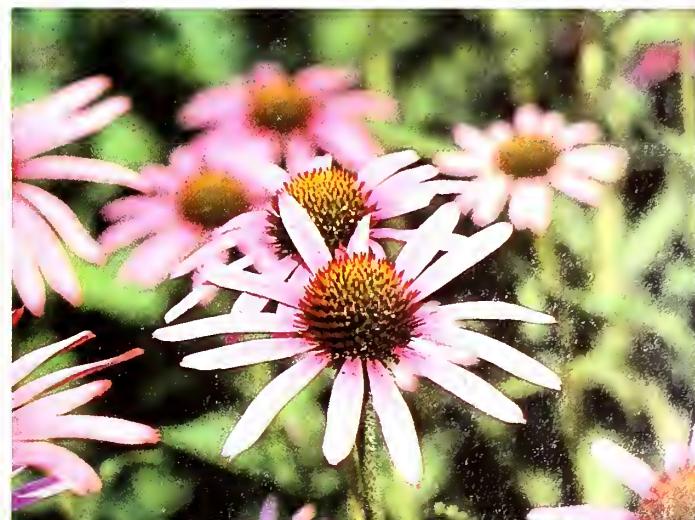
A question that also arises is whether it is proper for pharmacists to become involved in the supply of

herbal products. Surely these are untried, unproven remedies, with a complex and variable constitution?

In fact, there is much to commend in modern herbal medicine. In Europe these products are produced mainly as 'semi-ethical' medicines, and manufacturers have to comply with the normal post-marketing surveillance regulations to monitor the safety of their products.

It is on issues of efficacy that problems are seen. It is rare to find conclusive clinical proof of the efficacy of a herbal remedy. There is little incentive for manufacturers to engage in clinical trials. Most produce generic medicines freely available from nature, with no commercial protection for any expenditure on research. This has led to unease in the medical sector about the renewed popular interest in herbs.

One of the significant features of the traditional database is that it is not just a hodgepodge of folk fancies. From the earliest days humans classified plant material into consistent categories based on properties of taste, appearance, or the immediate impact they made on consumption.



Echinacea, for treating upper respiratory tract infections

There are many cases where scientific insights can validate traditional practices. The early use of salicylate-rich willow bark as antipyretic and anti-inflammatory, the widespread use of liquorice sticks as dentifrices, and the 3,000-year-old use of psoralen-rich plants in the treatment of vitiligo in India have all been validated by modern research.

Use with POMs

The information available about interactions between herbal and conventional drugs is thinner than that on efficacy. Most advice must be based on theory. Fortunately the bias of theoretical advice errs on the side of caution, for the following reasons:

- the concentration of actives in herbs is usually low compared with their synthetic counterparts
- interactions with herbal remedies often involve neutralising and buffering of actives by modifying constituents such as mucilages, tannins and resins (for this reason such constituents are the first to be 'stripped out' in pharmaceutical investigations of plants).

The potential interactions between herbal and conventional medicines should be placed in the context of the normal diet. Any substantial intake of tea, coffee, alcohol or tobacco will have more effect on drug activity than most herbal medicines, and the 'bulk' of the diet will certainly have more effects on pharmacokinetics.

Interactions between herbs and synthetic drugs can be classified as either pharmacodynamic or pharmacokinetic.

Pharmacodynamic

Interactions of pharmacological activity are, at least, predictable in theory. There are some prominent generic cautions worth highlighting:

- anticoagulant drugs should not be combined with ginkgo, garlic and ginger
- insulin-replacement therapy, anti-epileptic drugs and digoxin all rely on critical dosage levels and all could theoretically be effected by plant constituents, so caution is essential
- phenolic constituents such as flavonoids, tannins, anthraquinones and coumarins may share some of the cautions attending salicylates
- anthraquinone laxatives and liquorice can deplete potassium levels and should be used with caution with digitalis therapy, especially when also combined with diuretics.

Pharmacokinetic

Ingestion of a herb can modify the absorption, distribution, metabolism or excretion of a drug. Interactions are less predictable here. However, the following possibilities arise:

- plant bulking materials (eg cellulose, pectins), mucilaginous constituents, tannins, saponins and resins are likely to interact with



Ginkgo: used to treat asthma in traditional Chinese medicine

absorption of many substances, most often, but not always, reducing their availability

- hot spices like ginger and pepper are likely to increase absorption rates of many pharmacological agents and may also accelerate their metabolism
- stimulating laxative and cholagogue remedies may reduce the half-life of drugs like digoxin and morphine, where blood levels are maintained by the enterohepatic circulation.

It must be emphasised, though, that the interactions which are listed are rarely established as such. The great majority of cases are only theoretical.

In these cases ...

Where there are concerns about the use of modern medicines for minor or self-limiting conditions, it may be that the consumer's instinct towards self-medication with licensed herbal drugs can safely be encouraged.

ACUTE indications – in early days before consulting the doctor

● Minor respiratory infections.

Concern about over-prescription with antibiotics in minor self-limiting conditions provides increased opportunities for remedies with evidence for supporting immune defences against colds, sore throats and minor cough conditions. Echinacea and some garlic products have established roles here.

- **Digestive upsets.** Herbs have always had a role in treating problems in the gut. Bitters, such as gentian, chicory, hops and coffee, have a reputation as digestive stimulants. The hot spices like chillies, mustard and especially ginger have been confirmed to increase gastric defences against enteric infection in hot climates.

Mucilaginous herbs like marshmallow can relieve many minor inflammatory and hyperacidity conditions of the upper tract. Herb tisanes of teas like peppermint, camomile or lemon balm will relieve a range of other symptoms.

- **Stress reactions.** Many herbs have reputations as relaxants, traditionally used in convalescence, but with real potential for modern stress conditions. Valerian, passiflora and wild lettuce have been the traditional treatments here. Pacific root kava is attracting a lot of attention as an effective anxiolytic. Traditionally,

St John's Wort was used as a tonic in tense and nervous conditions. In minor troubles, camomile is again to be recommended.

CHRONIC indications – after clearing with doctor (self-treatment alone or in combination with a prescription medicine)

- **Mild depressive conditions.** St John's Wort has established efficacy in this indication.

● **Stress and sleeplessness.** The remedies mentioned for stress reactions are generally acceptable for medium-term consumption and there are few signs of addiction.

- **Tired-all-the-time.** Few tonic herbs survive on the OTC lists. However, St John's Wort was originally a tonic herb. Saw palmetto was used as a general tonic for men long before its modern prostatic reputation.

● **Chronic inflammatory disease.** This is probably best treated after an extensive consultation, as such conditions are rarely straightforward. However, some relief may be had with cod liver oil, other fish oils, evening

primrose oil and devil's claw. Willow bark has a well-established use as a treatment for rheumatic pain.

Burdock was traditionally used for clearing 'toxic' conditions associated with joint and skin inflammations.

- **Disturbed menstrual cycles.** Only three traditional women's remedies are generally available OTC in this country. *Vitex agnus-castus* is a Mediterranean remedy and is claimed to be effective for a wide range of menstrual and pre-menstrual problems. *Helonias* root is a traditional American remedy to enhance menstrual cycles. Black cohosh is another traditional North American women's remedy for conditions in which low oestrogen supplementation might otherwise be indicated. Evening primrose oil is another popular supplement in PMS.

● **Bowel problems (constipation and irritable bowel).** The anthraquinone laxatives are still primarily based on herbs such as senna, cascara, frangula, rhubarb root and aloes. They are, however, constrained by law for long-term treatment and are in any case not appropriate for such use.

Rather, bulking laxatives like the seeds or husks of psyllium or ispaghula, and flaxseed (linseed) are to be recommended. Bulking laxatives are also indicated as a basis for irritable bowel, along with peppermint oil and spices such as ginger, fennel, cardamom, aniseed.

- **Chronic and recurrent low-grade infections/low-grade immunity.**

Echinacea and garlic are almost tailor-made for rebuilding the body's defences over several months of treatment.

The wonder Wort

St John's Wort is most commonly used to treat depression

● St John's Wort (*Hypericum perforatum* L.)

Common uses: antidepressant.

This herb is mainly used to treat depression in humans. It is the most highly prescribed antidepressant in Germany where physicians prescribe it four times as often as fluoxetine. It has been found to be as effective as pharmaceutical antidepressants with a lower side effect profile.

The mechanism of action is unclear. The herb has been found to inhibit serotonin re-uptake, but in much higher concentration than is used to treat depression. It increases nocturnal melatonin production, which may help with sleep.

Prolonged use of St John's Wort may increase skin photosensitivity.



Before recommending St John's Wort, it is advisable to ask customers if they are taking any other medication prescribed by a doctor or pharmacist as St John's Wort may affect the way in which these medicines work.

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Fidelity card rewards loyalty

Fidelity CRM is exhibiting at Chemex for the first time as its loyalty card and EPoS systems systems provoke more interest from the pharmacy sector.

The company is launching a new information kiosk, designed to be used by customers, which should increase purchases.

The company's sales and marketing director, Ray Walker, said: "The kiosk can be stand alone or linked to a loyalty system."

He says the company's loyalty systems are proving popular in more than 200 UK outlets. Hotel chains and restaurants have taken the idea on board and it is also now moving into retail pharmacies. Independents, in particular, find the scheme a useful weapon against competition.

The card allows retailers to award points to regular customers and also helps identify which products are popular, giving scope for further promotions and incentive schemes.

Fidelity will also have a brand new user-friendly EPoS system on show. Mr Walker said: "If a pharmacy has part-time staff or a high staff turnover, they will find this system very intuitive and easy to train staff to use." The system also links with the Sage accounting system.

Fidelity CRM
Tel: 01482 585343

Sun protection with Panama Jack

Sun protection is the name of the game for Panama Jack and the company returns to Chemex after last year's successful debut with its range of sunscreens, sunglasses and headwear.

A company spokesman said two new products will be highlighted this year: a Factor 8 sunscreen in the Super Sport range and a Factor 30 lip balm which replaces the Factor 15 product in the Surf and Sport range.

Sunworld Products Ltd.

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A magical time for the whole family

This year Chemex offers something for the whole family. Visitors will be able to bring their children to the show, knowing that while they visit the stands and attend seminars, the youngsters will be in safe hands - and having a great time.

For the small fry, registered childminders will be in charge of the

creche, where there will be plenty of toys and games to keep them amused.

Sunday is always family day at Chemex and this year the entertainment is bigger and better than ever.

Magician Hugh Nightingale, who is a member of the exclusive Inner Magic Circle, will be walking round

the show on Sunday and on Monday, amazing young and old with his magic. Hugh, a magician for 14 years, will also stage two half-hour shows near the creche on Sunday, when a clown and a face painter will also be there to entertain younger visitors.

The creche is open on both Sunday and Monday during show hours.

The Canadians are coming!

Six companies from Canada are joining forces on the Canadian High Commission stand to show skincare, supplements and natural remedies, many of which are widely distributed and selling fast in North America.

New patent-pending, penetration-enhanced, topical vitamin moisturisers are being promoted by skincare company Dermal Therapy. The company says its products contain elements similar to the moisturisers and antioxidants found naturally in healthy skin, including urea, silk amino acids and alpha hydroxy acid. They are designed to heal dry skin caused by ageing, medical problems and the environment.

Herbal Select is one of Canada's leading brands of dietary Omega-3 and Omega-6 fatty acid supplements. The company specialises in certified organic flax oil and pesticide-free borage oil supplements which are grown in Canada and processed without hexane. The brand is owned by PureSource Inc, which has been named by *Profit* magazine as one of Canada's fastest-growing companies for the last four years.

High quality botanical remedies are on offer from Curanderos. Raw materials are imported from Peru and Curanderos — a Spanish word for healer — puts its remedies through extensive research and development as well as clinical trials. The company says it is committed to the research and development of only the best quality natural health products.

The Herbal Health Company offers

herbal and vitamin products in a liquid ampoule format. The products, which are sold under the Essential Solutions brand, are pre-measured in once-daily doses and are currently sold in all key pharmacy chains in North America.

Only pure Canadian natural formulations are used in Jamieson Laboratories range of pharmaceutically pure natural vitamins, minerals, herbs, botanical medicines, skincare and nutritional supplements.

The products are sold in 30 countries round the world and the company was recently ranked sixth among the top ten OTC drug companies in Canada.

Echinacea, ginkgo, ginseng, St John's Wort and glucosamine are

among the products manufactured and exported by Pharmavigor.

They are also available in bulk for private label sales. The company focuses on unit-dose vials with liquid formulas which are potent and safe. All the herbs are standardised to the active compounds known for their efficacy.

All the companies except Dermal Laboratories say they are seeking UK distributors for their products. All have web sites which can be accessed from links on:

- www.chemex2000.com/partic.html
- www.dermaltherapy.com
- www.herbalselect.com
- www.curanderos.com
- www.herballiquids.com
- www.jamiesonvitamins.com
- www.pharmavigor.com



Dermal Therapy says its products contain elements similar to those found naturally in healthy skin

Emu Oil, one of the new ideas from Pharmadass



Current research shows that the oil is rich in vitamins A and E, lecithin and other antioxidants and it offers a full spectrum of essential fatty acids. It is especially rich in omega 3 and 6 fatty acids and contains large amounts of linoleic acid.

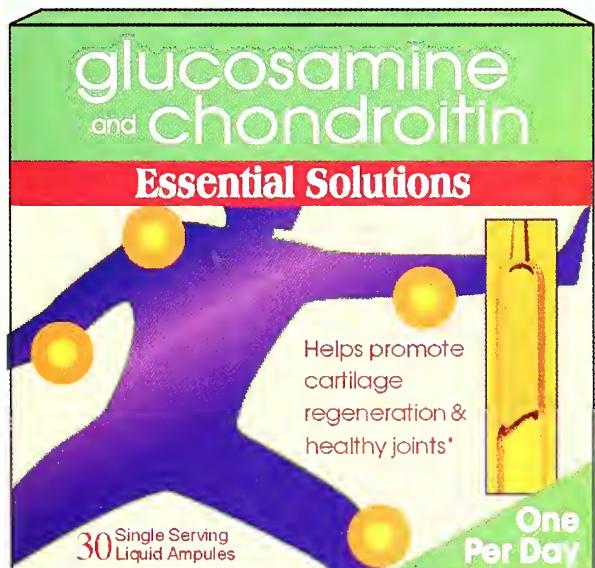
The oil is produced as a by-product of Australia's commercial emu-farming units, where the birds are raised in free range conditions on a chemical-free diet.

The range consists of Pure Emu Oil, Muscle & Joint Rub, Hand & Body Emulsion and Emu Oil Capsules.

Also new to the HealthAid range are: Calmagzinc, a chelated supplement with calcium, magnesium, zinc and boron which also contains non-GM soya isoflavone complex; Chamomile Herbal tablets and liquid; Maca tablets and liquid based on the South American herb which was used by the Incas as a natural boost to energy

Pharmadass, with a 150-strong stable of HealthAid supplements and health products, is launching several new products this summer and plans to showcase them at Chemex to new and existing customers.

New to the HealthAid brand is a range of four Emu Oil products. Emu oil has been used by the Australian Aborigines for centuries as an aid to the health of the joints, skin and heart.



Herbal health products are in liquid ampoule form

Jamieson
Natural Sources



Jamieson: recently ranked sixth in the top ten OTC drug companies in Canada

Weighing up the combination

Two specialists in electronic weighing machines and blood pressure monitors — Health Check Services and Coin-Ops Ltd — are joining forces for Chemex 2000.

Coin-Ops' managing director Eric Peak said the two companies both supply the same type of machines, which are imported from Spain by Coin-Ops, and while Kent-based Health Check serves customers in the south of the UK, Coin-Ops serves the north from its Manchester base.

Mr Peak said the companies were seeing a definite increase in interest from pharmacies and coin-operated weighing systems and blood pressure monitors gave pharmacists the opportunity to expand their professional services.

He said the blood pressure monitor supplied by the company allowed the patient to sit while the reading was taken and the fact that the arm was held in a sling across the body enabled the customer to relax fully and so a more realistic reading could be produced.

"Some machines have the blood pressure monitor combined with the weighing machine and the customer has the blood pressure reading taken while they are standing up which means readings can be false," he said.

Machines may be bought outright by the pharmacist or may be supplied and operated by Coin-Ops and Health Check, with the pharmacist retaining a percentage of the takings.

Health Check's Kevin Wood said pharmacists who were unsure about offering these new services could have a machine installed on a trial basis for one or two months to enable them to test local interest.

Details of all the options will be available on the companies' stand.

Health Check Services Ltd.

Tel: 01634 296234.

Coin-Ops Company Ltd.

Tel: 0161 794 3206.

Potter's is getting ready for winter

Potter's (Herbal Supplies), the leading manufacturer of licensed herbal medicines, wants visitors to think ahead to winter.

The company will be showing its whole range of winter remedies at the show, but two will be on special promotion.

These are Elixir of Echinacea (100ml, rsp £9.99) and Vegetable Cough Remover (100ml, rsp £2.59, 200ml, rsp £4.49), which a company spokesman said provide pharmacists with an ideal introduction to the range.

Potter's (Herbal Supplies) Ltd.

Tel: 01942 405100.

DTI launches debtline for small businesses

Pharmacists finding themselves in financial difficulty will be able to take advantage of a new telephone helpline, launched by the Department of Trade and Industry on July 12.

Business Debtline, aimed at helping small businesses with debt problems, will offer telephone counselling and a self-help pack with comprehensive advice on how to deal with debts.

The three-year initiative, which has a budget of £540,000, will be run by Birmingham Settlement, a voluntary organisation which has been involved in a similar scheme in the Birmingham area for a number of years. The funding of around £180k a year will be provided by the Small Business Service (SBS) with £80k a year and seven major banks, which will jointly contribute the remaining £100k per year.

The Debtline can be contacted on 0800-1976026, the self-help pack from web site www.businessadviceonline.org/businesstopics/finance.

John Vickers appointed new head of OFT

Professor John Vickers, chief economist and executive director of the Bank of England, has been appointed as the next Director General of Fair Trading.

Prof Vickers, who is expected to take up his new position in the autumn, has been working in industry and academia prior to taking up his current post in April 1998. The current Director General is due to finish his term of office at the end of September, only a week before the RPM case gets under way on October 5.

AAH 'B2B' system promises up to date stock information

A 'revolutionary' communications system now being piloted by AAH Pharmaceuticals could help pharmacists stay abreast of stock shortages.

Eqos aims to improve communication channels and provide customers with precise information about stock issues, such as 'manufacturer cannot supply', and their expected delivery dates.

"Over the past year the number of out of stock situations has increased considerably in the market in general," said AAH's director of supply chain, Colin Dulson. "Eqos has been introduced to allay some of the frustrations and inconvenience this can cause our

customers and ourselves."

Information will be uploaded to a web site address at 9am each morning by AAH. Suppliers will be notified by e-mail if there is information relating to their products on the site. They will be required to respond by visiting the site and entering a reason for their product's out of stock status, along with expected delivery dates, by 3pm the same day.

This information is extracted by AAH which integrates it into its central system, so that it can be viewed by appropriate internal personnel.

Eqos is presently being piloted internally, with information collected

from three suppliers. It will later be made available to the branch network, enabling AAH's customer services to pass on the information to inquiring pharmacists.

In the final stage of the project the information will be accessible to customers via the AAH Point extranet. The objective is to be fully operational by the end of August, with information from other key suppliers being introduced from September onwards.

Eqos Systems is supplying the software for the project. The company writes collaborative internet packages to help companies share supply chain information.

AAH launches its new vision on video

Wholesaler AAH Pharmaceuticals has begun briefing its 4,000 employees nationwide about its new corporate 'vision' and the way it wants to interact with its pharmacy customers.

The company's senior management spent six months at the beginning of this year defining its values. The new 'vision' has already been launched to the company's senior management team.

It is now being rolled out to AAH Pharmaceuticals' 19 depots, supported by a 15 minute video introduced by managing director, Steve Dunn. Briefings should be complete by the end of September. A version of the video is also available for pharmacy customers.

"We have developed a vision and values. It is important to have a vision for a business," explained Mr Dunn. "Our aim is to be recognised as the best provider of pharmacy supply chain

management solutions in the UK."

Director of personnel Rob Tansey says in the video that it is "no longer enough for AAH simply to offer a range of products and services in isolation and expect our customers to organise their business around our offerings".

The programme has a three-strand strategy:

- supply chain management partnership solutions with customers like Tesco, Sainsbury, Superdrug, Co-op and Nucare

- marketing solutions for independent pharmacies

- effective and efficient distribution.

AAH currently despatches 2.5m items per day and makes 85,000 deliveries per week. But Mr Dunn says AAH's business is not merely about moving boxes: "We see ourselves not so much as a wholesaler but as an added value service provider," he said. "It is about solutions for customers' problems, marketing support, information and IT support."

NSF set to have pharmaceutical input

The pharmaceutical industry is to be involved in the development of the National Services Framework (NSF) for diabetes and older people.

Speaking after the second meeting of the Pharmaceutical Industry Competitiveness Task Force's, the Health Minister, Lord Hunt, said that the use of medicines was an important part of the care of people with coronary heart disease, in mental health, diabetes and the elderly. "We need to work with the industry so that the NHS is more aware of the potential benefit from pharmaceutical developments in the pipeline, and the industry is, in turn, better informed about service needs in the NHS," he said.

Trevor Jones, ABPI director general and a member of the Task Force, said the NSF, while not exclusively about medicines, could benefit from input from the Pharmaceutical Industry.

The Task Force also agreed that effective international intellectual property rights for pharmaceuticals were essential for sustained investment in R&D in the UK and world-wide.

Professor Jones was adamant that the way to solve problems, brought to light, for example, with the HIV/AIDS crisis facing Africa, was not to break the rules of international intellectual property rights and take the licence from the patent holders.

A subgroup of the Task Force has also been looking at developing the European Licensing system. The main criticism with regards to the EMEA was the lack of speed and efficiency compared to its UK counterpart, the FDA.

"The EMEA can take up to a year longer to make a decision than the FDA. This cannot be right for patients and it certainly is not right for industry. We have to rethink the strategy."

- identify criteria for maintaining and developing competitiveness of the UK as a base for the pharmaceutical industry in a global market
- further partnerships between industry, academia and government
- evaluate the role of the NHS in pharmaceutical research and clinic studies.



Seasonal window stickers promoting appropriate remedies have been designed by UniChem in an attempt to attract passing customers into pharmacies. The campaign, which pre-empts a consumer advertising campaign in the national press, is intended to encourage customers to ask their pharmacist about healthcare.

Diabetes equipment moves centre stage

A new category dedicated to diabetes equipment has been introduced into 742 Lloydspharmacy stores.

The 1m or 2m displays will comprise blood glucose meters, blood pressure monitors and the company's trio insulin travel wallet, which allows

patients to keep their insulin at a stable temperature while travelling.

The introduction of the new category, which is planned into the 'Wellness section' of the selected stores, is further evidence that Lloyds is determined to move away from household

products and increasingly focus on health and well being.

"In an area like diabetes there is a lot the pharmacist can offer to patients," explains John Gregory, professional services category manager for Lloydspharmacy, "especially as in the

UK we have excellent supplier support, which is very important".

The stores now carrying the new category were selected from nominations by area and regional manager, or individual pharmacist with an interest in the disease. Consideration was also given to the number of diabetic patients and size of the ethnic population.

Lloydspharmacy has been sending pharmacists on specialist training courses led by diabetes nurses for two years. Diabetes is a growing problem in the UK, and the chain has been involved in various initiatives, such as two diabetes awareness days in Bradford and the 'walk in the park'.

The relaunch last year of the British Diabetes Association as Diabetes UK was the starting point of a close partnership with the charity.

Despite the fact that customers and other pharmacists within the company have responded very positively to the new category, there are no plans to roll it out across all branches.

"We will continue to monitor and evaluate the new category, and possibly introduce it into a number of other stores," says John Gregory, but he does not expect the final number to exceed about 1,000 stores.

Chemex launch for wholesale prices software programme

A software programme that enables pharmacists to check and compare the wholesale prices of any pharmacy product, whether parallel imports or undries, will be launched at Chemex this year.

The programme, called Orderwise, was developed by OrderWise which has been running the same programme in South Africa for almost even years - it has 1,200 clients there ranging from independent pharmacies to pharmaceutical manufacturers.

Orderwise software is available in DOS and Windows and its features include:

- no limit to the number of wholesalers/manufacturers that can be on it
- wholesalers' products are linked by using an Order link program
- prices are updated at least once a day

- takes into account deals, bonuses and specials, showing the savings in currency and percentage offered through these deals

- pharmacist's purchase history for each wholesaler is available up to the past year

- provides information about the products

- system sequenced alphabetically but can be re-sequenced in a number of ways

- allows users to advise other users about products they could buy, ie short dated stocks, over stocks, and larger deals available to informal buying groups

- wholesaler's codes are displayed next to each product

- shows cost and rrp

- orders can be transmitted directly by modem or via the internet, which is charged as a local call.

Martin Meyers, OrderWise's managing director, said the system's attraction was its transparency - it does not recommend any supplier.

Each pharmacist is charged £80 a month to have the system. Mr Meyers said OrderWise would refund the cost of any particular month where the pharmacist did not save more than £80 after using the system.

He said 15 wholesalers, whose names would not be disclosed, have so far agreed to run their prices on the system. None of the big three full line wholesalers have become involved yet, but OrderWise believes many wholesalers will find it hard to remain outside the system if it attracts at least 600 pharmacists.

For more information, contact OrderWise at: 01223 473390.

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Azerbaijan may not seem the obvious place for a Western pharmacy supplier to set up shop, but Plurifarm is there, trying to build a long-term market, as **Felix Corley** discovered in Baku

Takis Valasidis - a Greek Lebanese - has been in Baku only a year, but the city on the Caspian Sea already feels like home. His company, Plurifarm, is, he says, here for the long-haul. It is determined to build and sustain a market for international-quality medicines, playing its part in transforming the pharmacy profession from the dozy Soviet-style business of the past into a trade that better meets customers' needs.

For many pharmacists Azerbaijan may not seem the likeliest destination. The country is still reeling from the war lost with the ethnic Armenians of the Nagorno-Karabakh enclave - and the Armenians currently occupy 15 per cent of the country. Some 700,000 refugees from Armenia and Karabakh have flooded the rest of the country. Poverty is rife as wages for ordinary people remain low.

But the more positive side is the oil boom that has seen outsiders flock to the country over the past decade, signing massive contracts as they race to beat their competitors. Central Baku has been taken over by the business and international companies following in its wake. With the oil wealth, though, has come massive corruption, offering a challenge to any company trying to gain a foothold.

"I am a manager and partner in the company, which was founded by French, English and Lebanese," says Takis. "Our holding company already operates in Romania and Moldova, and in Kazakhstan. We have been in Romania since 1994. We now have 600 employees there and operate a

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A modernised Soviet-era pharmacy in central Baku

chain of pharmacies and wholesalers."

In Azerbaijan Plurifarm mainly deals in over-the-counter medicines, though it does also distribute other products for firms such as UPSA, Bristol Myers Squibb, Mentholatum and Urgo. Among its range are cosmetics from Lycia, dermatology and haircare products from Pierre Fabre and other parapharmaceutical products. He stresses that Plurifarm is open to new opportunities with other companies.

When he arrived, Takis found the pharmacy system in need of a shake-up. "Distributors here are very passive and very traditional. The pharmacist comes to the wholesaler with a list of medicines to purchase, the wholesaler does not put any effort into marketing any product. The difference is that we do promotion." Takis has established a trained sales team. The firm currently has four sales people and two doctors as medical representatives.

"We visit every pharmacy in Baku and the nearby Apsheron peninsula weekly," Takis says. "Eighty per cent of the country's purchasing power is concentrated here." But Plurifarm has not given up on the rest of the country, despite widespread poverty inland. "We cover the rest of the country through wholesalers."

Takis is clear how he sees Plurifarm's strategy. "We are a distributor/promoter company, we stress promotion and merchandising in the pharmacy. It is also vital to guarantee a continuous supply of products. Also to get and learn from the feedback. This is all highly unusual here - this is something local distributors just don't do."

Takis readily admits that Plurifarm is "very pushy", promoting products "to the utmost". "There is continuous contact with the pharmacy, with the

doctors to get them to prescribe, promotional material in the pharmacy, point of sale materials, advertising on television and in newspapers and brochures, offers to the public... When a new aspirin came out we had inserts in the papers."

Working closely with the company's clients - the pharmacies and wholesalers - is a key part of the strategy. "This allows us to help them to what they want to achieve."

"Our approach is to establish ourselves as the only company to look to the long-term. The local market is very short-sighted."

Among Plurifarm's biggest competitors are two Turkish companies. The Turks - close ethnic cousins of the Azeris - play a big role in Azerbaijani business, and pharmacy supplies are no different. "The Turkish companies are aggressive, and their products are well sold. But they are failing to establish a long-term market."

Most of Azerbaijan's pharmacies remain state-owned. "The privatisation process is underway, but it has been very slow. Some have been sold to private owners, but most have not."

In other areas, there are fewer restrictions than in many countries. There is no ban on owning chains of pharmacies, no restrictions on opening new outlets and pharmacy owners do not have to be trained pharmacists, although a pharmacist must be present throughout opening hours, or at least in theory.

Central Baku has a growing number of well-stocked, more modern pharmacies that attempt to present stock attractively. But some places have seen only limited improvement since the Soviet days. "All the medicines are kept behind the counter - it is the opposite of Boots, say Pharmacists are

afraid of people stealing things."

But attitudes often take a long time to change. "Merchandising within the pharmacy is the hardest thing. We want the pharmacists to display the products well or arrange them in a decent way on the shelf. It is also more efficient for the pharmacist. They try it, then immediately we leave, they put everything back again, arranging the goods by categories of medicines or in alphabetical order."

Takis is not down-hearted though: "Some pharmacies are adapting and look quite modern. We are succeeding in changing the way of doing business of some of our clients."

Most medicines sold in the country remain Russian-made, or come from former Soviet republics like Ukraine or Belarus. "They are cheap and purchasing power is very limited, and they still have more than 50 per cent of the market despite the low quality." Turkish medicines are also widely sold, but all major international drug companies are represented.

Low purchasing power means most people cannot afford international products. "People come in with a prescription from the doctor and say 'But I only have this amount of money, please give me something cheaper', Takis says. "Or they go to the doctor and tell them how much they can afford."

Medicines are made in Azerbaijan by a company named Azpharma. "They are very basic products, such as paracetamol or penicillin. The packaging and the image are very bad. No foreign companies currently have plans to manufacture in the country."

Takis reports that Plurifarm has not run into problems so far with corruption. One sticking point for importers is the customs which is notorious for extracting bribes.

However, Takis believes that because medicines can be imported without customs duties the problems that sometimes arise with other businesses are avoided. Nor does he believe firms are over-taxed. "Value-added tax is levied on all trade, including pharmaceutical products, which is equivalent to 20 per cent."

Azerbaijan's pharmacy trade is gradually coming to terms with the changes needed to bring it up to date especially in areas of presentation and service. The more go-ahead pharmacies have realised this for themselves but the message is filtering down to those away from central Baku. Takis and his colleagues are there to help them - and to sell their products.

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